

PS6000.05 HEALTH SERVICES MANUAL



Change Notice

DIRECTIVE AFFECTED: 6000.05
CHANGE NOTICE NUMBER: 3
DATE: 2/11/2000

1. **PURPOSE AND SCOPE.** To establish new procedures and guidelines for the evaluation and possible referral of inmates diagnosed with a need for an organ transplant.

2. **SUMMARY OF CHANGES.** PS 6000.05, Health services Manual, Chapter VI, Section 21, Organ Transplantation, is revised to authorize the evaluation and referral of organ transplant candidates.

3. **TABLE OF CHANGES**

Remove

Chapter VI, Pages 21 & 22

Insert

Chapter VI, Pages 21 - 22A

4. **ACTION.** File this Change Notice in front of PS 6000.05, the Health Services Manual.

/s/
Kathleen Hawk Sawyer
Director



Change Notice

DIRECTIVE BEING CHANGED: 6000.05
CHANGE NOTICE NUMBER: 02
DATE: 10/31/97



1. PURPOSE AND SCOPE. To extend the Physicians Comparability Allowance Plan (PCAP) until September 30, 2002.

2. SUMMARY OF CHANGES. The change, authorized under P.L. 105-61, extends program termination from September 30, 1999 until September 30, 2002 and permits Bureau components to enter into PCAP contracts until September 30, 2000.

3. TABLE OF CHANGES

Remove

Insert

Chapter I, Pages 17 and 18

Chapter I, Pages 17 and 18

4. ACTION. File this Change Notice in front of PS 6000.05, the Health Services Manual.

/s/

Kathleen M. Hawk
Director



Change Notice

DIRECTIVE BEING CHANGED: 6000.05
CHANGE NOTICE NUMBER: CN-1
DATE: 10/22/97

1. PURPOSE AND SCOPE. To update Program Statement 6000.05, Health Services Manual to establish procedures and guidelines for authorization to purchase medical/dental equipment with a unit price of more than \$1,000.

2. SUMMARY OF CHANGES. This Change Notice:

a. Standardizes medical/dental equipment purchases Bureau-wide, and

b. Provides procedures on how institutional Health Services Units and Medical Referral Centers receive approval from the Health Services Division, Central Office to purchase medical/dental equipment with a per unit price of more than \$1,000 from any source.

3. TABLE OF CHANGES

Remove

Table of Contents Pages i and ii
Chapter I, Pages 29 and 30

Insert

Table of Contents Pages i and ii
Chapter I, Pages 29 - 31

4. ACTION. File this Change Notice in front of Program Statement 6000.05, the Health Services Manual.

/s/
Kathleen M. Hawk
Director



Program Statement

OPI: HSD
NUMBER: 6000.05
DATE: September 15, 1996
SUBJECT: Health Services Manual

1. PURPOSE AND SCOPE. To guide staff in the development and operation of Bureau health care programs.

PS 6000.04, the Health Services Manual, was published in December 1994. Since that time, a number of changes to the Manual have become necessary. This revised and updated Manual incorporates those changes.

2. PROGRAM OBJECTIVES. The expected results of this program are:

a. Necessary medical, dental, and mental health services will be provided to inmates by professional staff consistent with community standards.

b. Administrative policies, procedures, and controls will be established, implemented, and reviewed annually.

c. Competent, appropriately credentialed, and supervised staff will be employed.

d. Lines of authority and accountability will be established to provide for appropriate personnel supervision.

e. Inmate medical care will be delivered efficiently and cost effectively within the levels of care established by Bureau policy.

f. Accurate and complete health records will be maintained to convey each patient's history, diagnosis, and treatment.

3. DIRECTIVES AFFECTED

a. Directive Rescinded

PS 6000.04 Health Services Manual (12/15/94)

PS 6020.01 National Practitioner Data Bank (Medical)
 (02/06/96)

OM 083-96 TB Screening of Inmates Prior to Transfer
(07/11/96)

b. Directives Referenced

| | |
|------------|--|
| PS 1222.05 | Forms Management (05/17/93) |
| PS 1237.09 | Computer Security (08/01/95) |
| PS 1353.01 | Information, Release of Records (05/29/75) |
| PS 1600.07 | Occupational Safety and Environmental Health Manual (05/30/96) |
| PS 3420.08 | Standards of Employee Conduct and Responsibility (03/07/96) |
| PS 3735.03 | Drug Free Workplace Program (06/14/96) |
| PS 3792.06 | Employee Assistance Program (11/04/93) |
| PS 4100.02 | BOP Acquisitions (05/03/89) |
| PS 4400.03 | Property Management Manual (02/27/96) |
| PS 4500.04 | Trust Fund Management Manual (12/15/95) |
| PS 4700.03 | Food Service Manual (06/01/91) |
| PS 4740.03 | Guidelines for Medical Diets (11/13/92) |
| PS 5050.44 | Compassionate Release; Procedures for Implementation of 18 U.S.C. § 3582(c)(1)(A) & 4205(g) (01/07/94) |
| PS 5070.07 | Study and Observation Report (08/12/92) |
| PS 5212.06 | Control Unit Programs (09/16/95) |
| PS 5270.07 | Discipline and Special Housing Units, Inmate (12/29/87) |
| PS 5290.09 | Admission and Orientation Program (07/01/96) |
| PS 5324.03 | Suicide Prevention Program (05/03/95) |
| PS 5521.04 | Searches of Housing Units, Inmates, and Inmate work Areas (05/06/91) |
| PS 5553.04 | Escapes/Deaths Notification (09/10/91) |
| PS 5562.04 | Hunger Strikes, Inmate (06/20/94) |
| PS 5566.05 | Use of Force and Application of Restraints on Inmates (07/26/96) |
| PS 5580.04 | Personal Property, Inmate (10/26/95) |
| PS 6070.05 | Birth Control, Pregnancy, Child Placement and Abortion (08/09/96) |
| PS 6080.01 | Autopsies (05/27/94) |
| PS 6100.01 | Health Promotion/Disease Prevention (02/22/94) |
| PS 6010.01 | Psychiatric Treatment and Medication, Administrative Safeguards for (09/21/95) |
| PS 6190.02 | Infectious Disease Management (10/05/95) |
| PS 6311.04 | Plastic Surgery and Identification Records (04/25/96) |

c. Statute Referenced

Public Law No. 99-660 and its revisions (42 U.S.C., Sections 11101-11152); Public Law 100-177; 45-CFR Part 60; MP-5, part 11, Chapter 2, and the National Practitioner Data Bank Guidelines.

4. STANDARDS REFERENCED

a. American Correctional Association Foundation/Core Standards for Adult Correctional Institutions: FC2-4070, FC2-4071, FC2-4072(M), FC2-4073, FC2-4074, FC2-4075, FC2-4077, FC2-4078, FC2-4079, FC2-4081, C2-4134, C2-4135, C2-4136, C2-4137, C2-4140, C2-4141, C2-4142, C2-4143, C2-4144, C2-4145, C2-4146, C2-4147, C2-4149, C2-4150, C2-4151, C2-4152, C2-4153, C2-4154, C2-4155, C2-4156, C2-4157, C2-4158, C2-4159, C2-4160, C2-4160-1, C2-34161, C2-4162, C2-4163, C2-4164.

b. American Correctional Association 3rd Edition Standards for Adult Correctional Institutions: 3-4326, 3-4327, 3-4328, 3-4330, 3-4331, 3-4332, 3-4333, 3-4334(M), 3-4335(M), 3-4336, 3-4337, 3-4339, 3-4340, 3-4341(M), 3-4342(M), 3-4343(M), 3-4344(M), 3-4345, 3-4346, 3-4347, 3-4348, 3-4349, 3-4350(M), 3-4353, 3-4354, 3-4355, 3-4356, 3-4357, 3-4358, 3-4359, 3-4360, 3-4361, 3-4362, 3-4365, 3-4368, 3-4370, 3-4371, 3-4372, 3-4374, 3-4375, 3-4376, 3-4377, 3-4378, 3-4379.

c. American Correctional Association Foundation/Core Standards for Adult Local Detention Facilities: FC2-5075, FC2-5076(M), FC2-5077, FC2-5078(M), FC2-5079, FC2-5082(M), FC2-5083, FC2-5084, FC2-5085, FC2-5087(M), FC2-5088, C2-5174, C2-5175, C2-5176, C2-5181, C2-5182, C2-5184, C2-5185, C2-5186, C2-5187, C2-5188, C2-5189, C2-5190, C2-5191, C2-5192, C2-5193, C2-5194.

d. American Correctional Association 3rd Edition Standards for Adult Local Detention Facilities: 3-ALDF-4E-01, 3-ALDF-4E-02(M), 3-ALDF-4E-03, 3-ALDF-4E-04, 3-ALDF-4E-05, 3-ALDF-4E-06, 3-ALDF-4E-07, 3-ALDF-4E-08, 3-ALDF-4E-09, 3-ALDF-4E-10(M), 3-ALDF-4E-11(M), 3-ALDF-4E-12(M), 3-ALDF-4E-14, 3-ALDF-4E-15, 3-ALDF-4E-15, 3-ALDF-4E-16, 3-ALDF-4E-17(M), 3-ALDF-4E-18, 3-ALDF-4E-19(M), 3-ALDF-4E-20(M), 3-ALDF-4E-21(M), 3-ALDF-4E-22, 3-ALDF-4E-23, 3-ALDF-4E-24(M), 3-ALDF-4E-26, 3-ALDF-4E-27, 3-ALDF-4E-28, 3-ALDF-4E-29, 3-ALDF-4E-30, 3-ALDF-4E-31, 3-ALDF-4E-32, 3-ALDF-4E-35, 3-ALDF-4E-37, 3-ALDF-4E-39, 3-ALDF-4E-41, 3-ALDF-4E-42, 3-ALDF-4E-44, 3-ALDF-4E-45, 3-ALDF-4E-46, 3-ALDF-4E-47, 3-ALDF-4E-48.

e. American Correctional Association 2nd Edition Standards for Administration of Correctional Agencies: 2-CO-4E-01.

f. Joint Commission on Accreditation of Health Care Organizations/Accreditation Manual for Ambulatory Health Care 1996: LD.1.9; LD.2.3; HR.7 through HR.7.3.1.; IM.10 through IM.10.3.

g. Joint Commission on Accreditation of Healthcare Organizations/Comprehensive Accreditation Manual for Hospitals 1996: HR.1 through HR.3; IM.10 through IM.10.3; MS.5 through MS.5.15.7; MS. 6.1.

h. Joint Commission on Accreditation of Healthcare Organizations/Accreditation Manual for Hospitals 1996: MS.2 through MS.2.16.7; MS.2.3 through MS.2.3.3.; MS.2.4.1.3; MS.2.5 through MS.2.5.3.1; MS.2.6; MS.2.7 through MS.2.7.3; MS.2.8; MS.2.9 through MS.2.14.1; MS.2.15 through MS.2.16.7; MS.7.22; IM.10 through IM.10.3.

i. Joint Commission on Accreditation of Healthcare Organizations/Comprehensive Accreditation Manual for Long Term Care, 1996: LD.2.8; HR.2 through HR.2.2; HR.6 through HR.6.1.1; HR.7 through HR.7.6; IM.10 through IM.10.3.

j. American Correctional Association Foundation/Core Standards for Adult Correctional Institutions: FC-4075, FC-4077. FC-4074, and C2-4140.

k. American Correctional Association 3rd Edition Standards for Adult Correctional Institutions: 3-4334, 3-4335, 3-4336, 3-4339.

l. American Correctional Association Foundation/Core Standards for Adult Local Detention Facilities: 3-ALDF-4E-9, 3-ALDF-4E-10, 3-ALDF-4E-11, 3-ALDF-4E-15.

m. American Correctional Association 2nd Edition Standards for Administration of Correctional Agencies: None.

5. ACTION REQUIRED. Health Services and other applicable Bureau staff shall follow the procedures and meet the standards set forth in this Manual.

\s\
Kathleen M. Hawk
Director

HEALTH SERVICES MANUAL

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CHAPTER I: ADMINISTRATION

Section 1. Mission Statement

The health care mission of the Federal Bureau of Prisons is to provide necessary medical, dental, and mental health services to inmates by professional staff, consistent with acceptable community standards.

The principles "medically mandatory" and "presently medically necessary" are used to determine what health care is necessary.

a. Medically mandatory is defined as immediate, urgent or emergency care required to maintain or treat a life threatening illness or injury.

b. Presently medically necessary is defined as routine care or treatment that cannot be reasonably delayed without the risk of further complication, serious deterioration, significant pain or discomfort, provided to maintain a chronic or non life threatening condition.

Determinations regarding what is medically mandatory or presently medically necessary are made using the clinical judgment of the health care professional. For cases determined to be medically mandatory or presently medically necessary, the only instances in which care will not be provided will be for specific categories or levels of care excluded by Bureau policy, e.g., organ transplants paid for by the Bureau are ordinarily excluded by policy.

Levels of care not provided are designated as care that is medically acceptable but not medically necessary and is for the convenience of the inmate. Examples include routine hernia repair, noncancerous skin lesion and tattoo removal, and cosmetic surgery. Exceptions can be made per policy (e.g., plastic surgery) on a case-by-case basis by the Medical Director.

Section 2. Introduction

Providing health care within a correctional environment presents difficulties not faced by practitioners elsewhere. The basic goal is the provision of essential health care services. In the correctional environment, where freedom of choice for both patient and medical staff is limited, special attention must be given to personal relationships between patients and staff.

On occasion, there may be an incompatibility between medical and correctional guidelines; conflicts related to medical care should be resolved, as far as practical, in favor of medicine. At the same time, the medical staff must be part of the institution's program team.

Medical care for inmates must be delivered efficiently and cost-effectively. The medical program's effectiveness will be measured by its effect on the institution's overall climate.

Currently, comprehensive health care teams, including professional and paraprofessional full-time staff and local community consultants, staff Bureau facilities.

Delegation of Authority. The Director's authority to provide for the care and treatment of persons charged or convicted of offenses against the United States has been delegated to the Medical Director. The Medical Director directs and administers all activities related to the physical and mental health of inmates, the Bureau's Safety and Environmental Health Program, and Food and Farm Services. The Director delegates to the Regional Directors and Wardens authority to make recommendations to the appropriate judge regarding the mental competency of inmates. The Director retains the authority to audit and review any action taken under these delegations.

Section 3. Standards

The Bureau organization shall be administered in a manner that promotes the provision of high-quality health services and fulfills the Bureau's mission, goals, and objectives.

Administrative policies, procedures, and controls shall be established, implemented, and reviewed at least annually to promote orderly and efficient management. These policies, procedures, and controls address:

- a. Enforcing policies delegated by the Governing Body (see Chapter XII, Section 3).
- b. Employing qualified management personnel.
- c. Employing a sufficient number of competent, appropriately trained or educated, and supervised personnel to support the Bureau's clinical and management objectives.
- d. Forecasting and planning for the needs of the organization, as determined by the Governing Body.
- e. Taking reasonable steps to comply with applicable laws and regulations.
- f. Protecting the organization's assets.
- g. Implementing fiscal controls, including at least:
 - (1) Authorization and record procedures to provide accounting controls over all assets, liabilities, revenues, and expenses.

(2) Policies and procedures for controlling accounts receivable and accounts payable and for handling cash and credit arrangements.

(3) Rates and charges for services. (The Bureau operates under an appropriation system - the Attorney General is charged with the care and custody of Federal inmates.)

h. Using methods of communicating and reporting that promote the orderly flow of information within the organization.

i. Controlling the purchase, maintenance, and distribution of equipment, materials, and facilities.

j. Establishing lines of authority and accountability that provide for appropriate supervision of personnel.

k. Establishing controls relating to the custody of the Bureau's official documents.

Section 4. Table of Organization, Health Services Division

The Health Services Division is organized into three areas:

a. The Office of the Medical Director is responsible for all policy and activities related to the mission of the Division. The Office of the Medical Director is staffed by the Medical Director, two Senior Deputy Assistant Directors, and an Executive Assistant. As Chief Physician for the Bureau, the Medical Director is responsible for all health care delivered by Bureau health care practitioners and U.S. Public Health Service (PHS) officers. Under Title 18 U.S.C., Section 4005, the Bureau is authorized to request assignment of PHS officers to assist with the direct delivery of health care. The Medical Director serves as the focal point for this relationship. Historically, the Medical Director has been a board-certified physician assigned to the Bureau under Title 18 U.S.C., Section 4005, and is one of the Bureau's Assistant Directors. The responsibilities of the Medical Director include: managing human resources for the Division, establishing health care programs, directing budget planning and fiscal control; regularly inspecting institution health care facilities and programs; and coordinating research activities related to health care. The Medical Director provides consultation and guidance to the Regional Directors and Wardens.

b. The Operations Section is responsible for system, policy, planning, and evaluation. These responsibilities include strategic planning, quality management, information systems, informational and statistical reporting, special medical population projections, facilities planning and design, managed care, policy planning, development, and analysis. Additional responsibilities include budgetary activities, human resource issues, the Drug-Free Workplace Program, Continuing Professional Education, Medical Contracting, and Commissioned Officer/Public Health Service personnel issues.

c. The Health Programs Section is responsible for the Division's mental health programs, food and farm services, safety and environmental health services, and clinical health care programs; it serves as primary liaison to the Regional Offices and institutions. Within this structure, the Division has separate program branches: Food Services Programs, Safety Programs, and Health Programs.

Regional Office. As managerial staff, Regional Health Systems Administrators (RHSAs) serve as principal advisors to the Regional Director/Deputy Regional Director in all matters related to health care delivery. In addition, the RHSAs provide consultation to the Central Office.

The primary responsibilities of the RHSAs include developing suggestions for policy revisions; performing management assessments; preparing responses to correspondence and BP-10s; responding to health care problems at all institutions within the region (including CCCs); and providing medical advice to Regional Directors regarding the planning and development of new institutions and construction at existing institutions.

RHSAs must be knowledgeable regarding areas of EEO and recruitment and both Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and American Correctional Association (ACA) standards. They must also be aware of acceptable standards of medical practice to recommend changes and improvements.

Health Services Unit (HSU). The primary objective of institutional health services personnel is the delivery of health care to offenders committed to the care and custody of the Attorney General. The organization of the HSU will vary from institution to institution depending upon the institution security level and mission. Staffing Guidelines, as approved by the Executive Staff, typically provide for a Clinical Director (CD), Health Services Administrator (HSA), Mid-Level Practitioners (MLP), and other paraprofessional staff. Community consultants are retained as program requirements dictate. For specific information on Health Services staffing, see the current Staffing Guidelines by the Human Resources Management Division.

Ordinarily, the HSU at each institution will have a CD and an HSA, who report to the Warden (or Associate Warden). There must be a very close working relationship between the CD and the HSA. Specific functions are described in subsequent sections but, in general, the CD is responsible for the clinical aspects of the program and the HSA for the administrative aspects (including cost center management).

Medical Referral Centers (MRC). Staffing is determined on an individual basis based on institution programs and needs.

Section 5. Description of Major Duties/Responsibilities

a. Clinical Director. The CD is responsible for clinical care provided at the institution, including reviewing applications and credentials for membership to the medical staff and privilege statements; implementing and monitoring in-house Continuing Professional Education (CPE) training; maintaining the quality of health records (see Chapter V, Section 5); and evaluating patient care through an ongoing quality assurance program that identifies problems and their resolution.

It is critical that the CD maintain a close working relationship with local community hospitals and health care providers contracted by the institution. The CD must make the community hospital aware that care provided to inmates should be authorized in advance by the institution - not at the request of the inmate patient. During outside hospitalization of an inmate, the CD or staff physician shall document on the SF-600 contact with the attending physician to ensure that:

They remain fully informed of the patient's condition.

The care provided relates to the diagnoses on admission and any complications that develop.

Every effort is made to return the inmate to the institution or to transfer him/her to a Medical Referral Center as early as the patient's condition allows.

The CD provides clinical supervision for Mid-Level Practitioners (MLPs) and other clinical personnel. The CD's relationship with clinical staff must be one of clinical supervision and involvement in the clinical outcomes of the HSU. It is of utmost importance that a physician clinically supervise all MLPs. In institutions without an assigned Bureau physician, the contract CD shall perform clinical supervision. The CD may designate a staff physician to provide all or part of this clinical supervision, but such delegations must be clearly defined. At a minimum, the CD, designated physician, or contract physician shall provide the following supervisory functions over MLPs:

(1) Review at least 10 health records of the total patient load seen by the day shift (normal work week) MLPs at the end of each workday. If this review is not practical at the end of the workday, then the review should take place the next possible workday. This review shall include a discussion of the case with the treating MLP and a review of the treatment plan. The reviewing physician shall initial and date those charts reviewed. Documentation of these reviews shall be included in the Clinical Director's Performance Log submissions to the HSA on all MLPs.

(2) Review the next normal workday all health records of those cases seen by medical staff on the evening and morning watch, weekend, and holiday shifts. If this review is not practical, the next normal workday then, the review should take place the next possible workday and include a discussion of the case with the appropriate medical staff and a review of the treatment plan. The reviewing physician shall initial and date those charts reviewed. Documentation of these reviews shall be included in the Clinical Directors Performance Log submissions to the HSA on all appropriate medical staff. When significant questions or problems are detected, the physician responsible for clinical supervision shall arrange a face-to-face conference with the affected medical staff. Consistent with good medical practice, medical staff may request a conference at any time.

(3) Be reasonably/readily available to consult on cases requiring urgent attention.

(4) Review all unusual and interesting cases with medical staff individually, at staff meetings and other appropriate times.

(5) Submit to the HSA, at least quarterly, Performance Log recommendations regarding each medical staff's clinical performance.

b. Health Services Administrator (HSA). The HSA plans, implements, directs, and controls all aspects of the department's administration, including housekeeping, sanitation, maintenance, personnel, fiscal, procurement, and supply, as well as supervision and direction of ancillary departments, including pharmacy, nursing, laboratory, x-ray, and health records. The HSA provides administrative supervision and direction to all Health Services staff, (except the CD), including designation of shifts and assignment of general and specific duties. The HSA must ensure that GS-07 and GS-09 MLPs are not assigned to independent duty for more than 50 percent of the time annually. The HSA ordinarily represents the department on various committees and in other interdepartment meetings or negotiations.

At Medical Referral Centers, at the Warden's discretion, the administrative supervision for staff physicians and dentists may be assigned to the CD.

The HSA also has administrative supervisory responsibility for MLPs, clerical staff and paraprofessional staff. The HSA's relationship with professional programs may be either through the CD or directly with the program chiefs. The HSA and CD integrate administrative management functions with ongoing clinical programs. At institutions where the CD is a contract physician, the CD and all contract medical staff are under the administrative control of the HSA. The HSA maintains Performance Logs of all HSU staff (excluding the CD). The HSA shall ensure all clinical staff have at least quarterly clinical entries

submitted by the CD, as well as administrative entries by the HSA in the Performance Logs. The HSA shall ensure that clinical entries submitted by the CD are considered when evaluating clinical staff performance.

The HSA shall be the direct avenue of communication between Health Services and the CEO or designee, Regional Office, and Central Office. This does not exclude program chiefs from communicating with these individuals and offices; however, the HSA has the primary responsibility.

The HSA supervises inmates assigned to the HSU. The HSA organizes and directs staff meetings for training both inmates and Correctional Officers regarding their responsibilities in the Unit.

The HSA must be knowledgeable about personnel regulations applicable to both civilian and PHS staff. The HSA is the local Personnel Officer for Commissioned Corps personnel. He/she assists in recruiting new personnel and keeps staff informed of training opportunities. The HSA is responsible for maintaining each PHS Officer's leave record and for certifying this record and forwarding it to the Officer's duty station when they transfer or to the Bureau Commissioned Personnel Office when the officer separates or retires from active duty (this responsibility may be delegated). For institutions with PHS personnel, refer to Supervisors Guide to the Commissioned Corps (available from the Division of Commissioned Personnel, 5600 Fishers Lane, Rockville, MD 20857).

The HSA must be aware of current Bureau regulations, programs, and goals, and must ensure that health care staff are appropriately licensed, registered, or certified. Evidence of current licensure, certification, or registration must be verified and maintained in the HSU. A copy of each Physician's Comparability Allowance Agreement, including evidence of Board status, must also be on file.

Budget and procurement responsibilities include controlling purchase, maintenance, and distribution of the equipment, materials, and facilities of the HSU. The HSA must know medical supplies, equipment, and their sources of supply. He or she plans HSU budgetary requirements, maintains fiscal control over part-time and consultant fees, and makes the CD and other medical staff members familiar with annual and quarterly budgets.

The HSA certifies vouchers for payment submitted in connection with consultant care or other "outside" medical services to verify their accuracy. Vouchers should be reviewed with respect to:

(1) Were the billed services authorized and appropriate and have the services been completed?

(2) Were the billed services actually provided?

(3) Are the amounts billed correct within the terms of the contract; or, if there was no contract, are they commensurate with customary fees in the community?

Services rendered by outside vendors shall have the advance approval of the Contracting Officer or the Contracting Officer's Technical Representative (except in emergency admissions, which require notification).

c. Assistant Health Services Administrator (AHSA). As part of the management team, the AHSA is responsible for the day-to-day administrative operations of the HSU as assigned by the HSA.

d. Supervisory Mid-Level Practitioner (SMLP). As part of the management team, the SMLP is responsible for the day-to-day assignments of the MLP staff. Additionally, the SMLP assists the supervising physician with the clinical evaluation of the MLPs.

e. Mid-Level Practitioner (Physician Assistant-Certified/Nurse Practitioner/Physician Assistant-Non-Certified). The cornerstone of the MLP concept is that the physician's time may better be used by delegating to MLPs those medical duties that the MLP is trained and has demonstrated competence to perform. The physician retains ultimate responsibility for services MLPs provide.

The MLP may be responsible for the operation of medical, surgical, and neuropsychiatric wards, surgery, clinical laboratory, x-ray department, pharmacy, sick call, outpatient department, physical therapy, emergency medical and dental care, and additional duties, as outlined in the position description. The MLP, as are all Bureau employees, is subject to callback for emergency in accordance with local policy.

The MLP is under the HSA's administrative supervision, and under the clinical supervision of the CD or appropriate contract physician. A template position description for Nurse Practitioners is available on BOPDOCS.

f. Nursing Department. The nursing department is organized to meet the nursing care needs of its patients and to maintain and improve standards of nursing practice. Department staff take all reasonable steps to provide quality nursing care and seek to maintain the optimal professional conduct and practices of nursing staff. The institution's mission and size determine the complexity, numbers, and categories of nursing staff employed. The department may include nurse administrators, supervisory personnel, staff nurses, and licensed practical (vocational) nurses.

(1) Director of Nursing (DON). The DON is a qualified registered nurse with appropriate education, experience, licensure, and demonstrated ability in nursing practice and administration. She/he establishes standards of care and a means of monitoring and evaluating nursing care, and is responsible for the delivery of nursing services. She/he analyzes, plans, implements, and evaluates all of the functions of the department. The DON participates in policy decisions that affect nursing personnel and patient care. The DON ensures staff nurses are properly trained (and maintains training documentation) to use any medical equipment that may facilitate nursing care. She/he organizes the department to provide optimum service to all shifts, and encourages nursing staff to participate in continuing education programs and attend required meetings. The DON develops, allocates, and administers the nursing service budget, where appropriate. She/he must be knowledgeable about PHS and Civil Service personnel systems and must understand Bureau policies, regulations, and goals as well as standards of outside agencies affecting prison health services, such as JCAHO and ACA.

(2) The Assistant Director of Nursing (ADON). The ADON is a qualified registered nurse with appropriate education, experience, licensure, and demonstrated ability in nursing practice and administration. Accountable to the DON, the ADON has specific duties as delegated by the DON and is authorized to act in the DON's absence. She/he supervises, coordinates, and integrates the activities of one or more nursing supervisors.

(3) Supervisory Clinical Nurse (SCN). The SCN is a qualified registered nurse with appropriate education, experience, licensure, and demonstrated ability in nursing practice. The SCN is usually accountable to the ADON or the DON. The supervisor has responsibility for a specific area, such as a building or a unit (e.g., medical/surgical or specialty units within an Operating Room and Post Anesthesia Recovery Room). The SCN implements policies and procedures of the nursing department for her/his designated area, coordinates care and services with other supervisors, and may supervise one or more lower-level supervisors.

(4) Head Nurse. The Head Nurse is a qualified registered nurse with appropriate education, experience, licensure, and demonstrated ability in nursing practice. In some settings, the Head Nurse may be called the team leader or patient care coordinator. She/he is usually accountable to the Supervisory Clinical Nurse. She/he serves a specific group of staff on the smallest nursing organizational unit. The Head Nurse assumes specific responsibility for "hands on" nursing care of patients on a day-to-day basis and is primarily responsible for coordinating patient care with physicians, other hospital departments, food service, and consultants.

(5) Staff Nurse (Registered Nurse) (RN)-Medical Referral Center. The staff nurse, who is usually accountable to the head nurse, plans, intervenes in, and evaluates the nursing care being provided to her/his assigned patients. She/he provides ongoing health education during hospitalization. Prior to discharge, the RN gives discharge instructions and assists the patient to understand the need for follow-up care. She/he maintains and improves clinical competence through continuing education and progressive experience. After receiving documented training, the RN must be able to operate any specialized equipment that may facilitate nursing care.

(6) Staff Nurse (Registered Nurse) (RN)-General Population Institution. The staff nurse, who is usually accountable to the HSA/AHSA, plans, intervenes in, and evaluates the medical care provided in the out-patient setting. She/he provides ongoing health education. The RN provides instructions and assists the patient to understand the need for follow-up care. She/he maintains and improves clinical competence through continuing education and progressive experience. After receiving documented training, the RN must be able to operate any specialized equipment that may facilitate nursing care. A template position description for RNs is available on BOPDOCS.

(7) Licensed Practical (Vocational) Nurse (LPN/LVN)-Medical Referral Center. The LPN/LVN, who is accountable to a registered nurse, generally provides technical support and assistance to patients who are relatively stable or who have chronic illness or physical conditions that are not immediately life-threatening. An RN must supervise LPNs/LVNs who provide direct patient care in an in-patient or long-term care setting.

(8) Licensed Practical (Vocational) Nurse (LPN/LVN)-General Population Institution. Generally, an LPN/LVN in a general population institution provides administrative and healthcare support to other clinical staff. LPNs/LVNs may collect data about a patient, including vital signs and the nature of the complaint, and may assist other clinical staff to provide routine treatment or during emergency situations with appropriate supervision. If LPNs/LVNs are providing nursing care such as the administration of medications, treatments, and off-shift coverage, an RN must provide supervision. If LPNs/LVNs are providing administrative support and direct assistance to the health care provider, any health services staff may provide supervision. A template position description for LPNs/LVNs is available on BOPDOCS.

g. Chief Pharmacist. The Chief Pharmacist is responsible for the distribution, administration and dispensing of all medications in the institution. The Chief Pharmacist is also responsible for supervising all medical staff including MLPs while functioning in the pharmacy. Additional responsibilities include providing Pharmaceutical Care to the inmate population including the provision of medication information.

h. Correctional Officers Assigned to the HSU. Correctional Officers shall be appropriately oriented to the objectives and procedures of the health care team. To the extent feasible, they shall be included in conferences, planning reviews, and other activities related to the HSU.

Correctional Officers should be instructed, preferably by the CD and psychiatrist, in handling inmates who are being treated or under observation for a mental disorder, or inmates with medical conditions requiring special precautions. At institutions with a neuropsychiatric ward, staff meetings with Correctional Officers assigned to that ward are desirable. Cases illustrating specific types of mental disorders should be presented, and the medical officer or the psychiatrist should interpret the patient's behavior and explain how it should be handled. Officers should be given an opportunity to discuss problems encountered during the week in handling mentally disturbed, those with an infectious disease, or other troublesome inmates with the entire staff.

i. Inmate HSU Workers. Only carefully selected inmates shall work in the HSU. Inmates shall only have assignments of minimal responsibility subject to close supervision to prevent them from gaining access to privileged medical information, from having authority/control over other inmates, from acquiring contraband, and from being subjected to the threat of violence or similar pressures from other inmates to achieve their own objectives.

Inmates with skills as physicians, dentists, and any other health care areas may not be assigned to the HSU.

(1) Inmates must not be assigned to:

(a) The pharmacy and medical storeroom or to jobs involving the handling or processing of, or having potential for access to, pharmaceuticals and medical supplies.

(b) Areas where they will have access to health records, including blank copies of records, forms, and documents that will become part of the health record. This includes any assignment where reasonable potential for access to a health record exists, not only assignments located in the health records section, but also such assignments as clerks to physicians, laboratory and x-ray clerks, and similar areas.

(c) Functions involving the scheduling of appointments or any other tasks with potential for determining access to medical care.

(d) Jobs as clinic assistants or other medical assistants involving responsibility for direct treatment procedures such as administering medication, applying liquids or ointments, administering medical soaks, changing dressing, irrigating tubes, removing sutures, venipuncture, providing inhalation therapy, obtaining vital signs, etc.

(e) Duties as "scrub nurse or assistant," or any other duties that involve physical presence in the operating room during surgery.

(f) Carry out clinical tests or measurements such as audiometric testing, pulmonary function studies, electrocardiograms, refractions, etc. Inmates may not have access to the reports of such tests. Additionally, inmate workers may not be present during any x-ray procedure, including positioning patients on the x-ray table and setting the dials for exposure. This prohibition includes inmate workers developing x-rays as well as having access to x-rays and x-ray reports.

(g) Situations involving formal clinical contacts between staff and patients, such as sick call visits and other medical appointments. Exceptions would include emergency treatment or testing in which assistance of inmate workers is necessary, or interpretation when no staff member can speak the inmate's native language.

(h) Inmates MAY NOT assist consultants in any way.

(2) Inmates can be assigned to:

(a) Janitorial duties throughout the HSU. Inmates must be directly observed in areas of the HSU that contain privileged medical information or potential contraband.

(b) The dental clinic, in accordance with Chapter IV of this Manual.

(c) Positions as nursing assistants, as long as their duties and supervision are detailed in written procedures. They may assist staff to a limited extent, but may not be involved in independent or direct treatment procedures. At no time will inmates under mental health treatment be used as nursing assistants.

(d) Serve as "companions," in accordance with current Program Statement on the Suicide Prevention Program.

j. Other Medical Services Staff. The duties of other medical services staff are mandated by their billet description or position description as applicable.

k. Consultant Staff. Consultant medical staff are often needed to complement in-house staff. The HSA/CD shall ensure that each consultant staff member is qualified and shall maintain optimal professional performance through appointment/reappointment procedures, the specific delineation of clinical privileges, and the periodic reappraisal of each (see Chapter XII, Section 12 for specific guidelines).

Only physicians and dentists holding an appropriate current license and offering evidence of training or experience, current competence, professional ethics, and health status shall be considered. The HSA shall request verification of each applicant's current license from the appropriate State board of medical examiners.

Consultant contracts are initiated by the HSA and CD. Reasonable unit costs and anticipated visit requirements should be informally determined between the HSA, CD, and the specialist. For contracting procedures, refer to the current Program Statement, Bureau Acquisitions Manual and the Human Resource Management Manual.

A Consultant Log Book shall be maintained by the HSA reflecting times and dates of all consultant visits (refer to BP-S352.060 on BOPDOCS).

Section 6. Committee Meetings

Committees shall be established and meetings held at least quarterly according to standards approved by the Medical Director. They shall include at least: Administrative Staff Meetings; Health Records Review; Pharmacy and Therapeutics; Infection Control; Tissue Committee; Quality Assurance; and Safety and Sanitation. The HSA shall maintain documentation of committee meetings. Meetings may be combined.

Section 7. By-Laws

Medical Staff By-Laws shall be required for all Medical Referral Centers. Proper routing for clearance of by-laws is HSA and CD to Warden to RHSA to Regional Director to Medical Director. The Health Services Manual shall suffice as written criteria for rules and regulations for all other HSUs.

Section 8. Personnel Policies and Procedures

Written personnel policies and procedures are established to facilitate attainment of the organization's objectives, and shall be explained to employees at the time of their employment. Personnel policies require:

a. Current, written job descriptions that delineate functional responsibilities and authority.

b. The employment of personnel who have qualifications commensurate with job responsibilities and authority, including appropriately verified licensure or certification.

c. Periodic appraisal of each individual's job performance. Relevant findings of quality assurance activities are reviewed as part of the performance appraisals of individuals who provide direct patient services.

Because the CD is responsible for providing health care at the institution level, selection for this position requires concurrence of the Medical Director, even though the process does not require formal personnel action. The Medical Director should document concurrence to the Warden through the Regional Director.

Hours of Duty. Members of the professional medical staff shall comply with regular hours observed by the institution, or a CEO-approved flexitime schedule.

When leave is requested by a Commissioned Officer, the HSA shall be the leave-granting authority. Cds shall request leave from their respective Associate Warden.

Each institution shall devise a method by which to provide medical services 24 hours per day, 7 days per week. A physician Medical Officer of the Day shall be designated for 24-hour continuous duty to take care of any emergencies, either by telephone consultation or by a response to the institution. The institution CEO shall determine the appropriate duty. Dental Officers may not be assigned as Medical Officer of the Day.

Where continuous duty provisions are not possible, practical, or required on a daily basis, suitable arrangements must be made. These may include agreement with a local medical facility for coverage when the Medical Officer of the Day is not available or assurances that an emergency transportation system is available for an inmate requiring emergency care. Regardless of the method used, there must be a physician or medical facility with the final responsibility to provide medical treatment as soon as possible, once it has been determined that an emergency exists. The method shall be approved by the Warden.

It is suggested that every institution provide a radio or other remote paging system to permit the Medical Officer of the Day to respond to institutional calls.

Uniform Regulations. All Commissioned Corps Officers shall wear the appropriate uniform of the day as prescribed by PHS regulations and the Medical Director. Exceptions must be approved in writing by the Medical Director. Uniforms shall be worn properly at all times.

The Health Services Unit shall provide appropriate personal protective equipment (i.e. "lab" coats, etc.) and provide institution or contract laundering services for staff involved in direct patient care. This personal protective equipment shall not be taken to an employee's home for laundering.

For medical staff not required to wear a uniform, professional civilian attire shall be worn. Jeans, sneakers, and other casual clothing are not appropriate during duty hours.

Commissioned Corps Policies. The Commissioned Corps Personnel Manual governs administration of the Commissioned Corps personnel system. The HSA shall maintain an updated copy. It is available from: Director, Division of Commissioned Personnel, 5600 Fisher Lane, Rockville, MD 20857, phone (301) 594-3000.

Custodial Responsibilities. All medical staff shall implement custody procedures within the HSU to maintain custody and control.

Employee Conduct, Responsibility and Outside Employment. Refer to the Program Statement on Standards of Employee Conduct and Responsibility.

Section 9. Performance/Efficiency Evaluations

Mid-Level Practitioner Performance Evaluations. Based on the staffing pattern of the HSU, the rating official shall be the AHSA or the supervisory MLP, or, at units without an AHSA, the rating official shall be the HSA or Supervisory MLP. The rating official shall consult with the physician responsible for the clinical supervision of the MLP before the performance rating is completed to ensure that the practitioner concurs with the clinical aspects of the rating. Documentation of this consultation with the physician shall be maintained for two years by the HSA.

Performance Logs shall be maintained on all employees, including Civil Service and PHS staff.

Completion of Commissioned Officer's Effectiveness Report

a. The HSA, as the "Personnel Officer" for Commissioned Officers, shall track the report and ensure that it is completed on time.

b. Section I shall be completed by the officer being rated.

c. Sections II, III, and IV shall be completed by the Rating Officer (the officer's immediate supervisor).

d. Section V shall be signed by the Rated Officer and a copy provided to the Rated Officer. The rest of Section V shall be completed by the Reviewing Officer, who is the officer's second-echelon supervisor (the supervisor of the Rating Officer). If the Reviewing Officer disagrees with the Rating Officer, a copy of Section V shall be provided to the Rated Officer.

e. A staff dental officer's immediate supervisor in most instances is the Chief Dental Officer at the institution. The immediate supervisor of the Chief Dental Officer would most often be the CD, and the Associate Warden (not the HSA) would ordinarily be the immediate supervisor of the CD. The CD ordinarily would supervise all other medical officers. At institutions without a full-time CD, the HSA will ordinarily supervise the Chief Dental Officer.

f. All ratings of "a" and "e" require narrative comments.

g. The completed form shall be sent to the Medical Director's Office for final processing and forwarding to Division of Commissioned Personnel.

Section 10. Preceptorship Program for Health Professionals

When students and postgraduate trainees are present, their status is defined in the organization's personnel policies. Correctional institutions may enter into agreements with educational institutions (colleges or universities) to provide students. To meet legal requirements, there are required procedures to establish a preceptorship program. The basic requirements will be an agreement on the scope of work and funding arrangements, if applicable, between the correctional and educational institutions.

HSAs are strongly encouraged to establish preceptorship programs for health care professionals where feasible, and should contact their contracting officer for details on the procurement regulations.

At institutions with PAs/NPs and other health professional preceptorship programs, the CD shall monitor the student's progress and verify, in conjunction with the HSA, acceptable performance to support payment of the contract charges.

Attachment I-A is a procedural guide and provides examples of required documents that can help establish a preceptorship program. The examples are specific to a PA/NP program, but can be modified for other health professionals.

Section 11. Establishment of New PHS Billets

All requests to establish new PHS billets must be in writing from the Warden through the Regional Director and approved by the Medical Director. The request must either identify the S&E position to be abolished or clearly express recognition that an S&E position will be abolished. The Regional Director's signature is not required if the Warden's request specifically states that the Regional Director has approved. In urgent situations the request and approval may be verbal (but must include the Warden, Regional Director, and Medical Director or their "Acting") and must be followed by written confirmation.

This procedure shall be followed even if a PHS officer is replacing a former Civil Service employee of the same professional category, or a new position has been created at a new or existing facility. In these cases, the Warden shall verify that an S&E position exists to be "converted" to PHS.

Section 12. Physicians Comparability Allowance Plan (PCAP)

* The Federal Physicians Comparability Act of 1978 (P.L. 96-166), as amended by Public Law 101-420 and extended by Public Law 105-61 provides the authority to establish a special physicians * comparability allowance (PCA) program for General Schedule physicians (see Attachment I-B for application).

a. The Physicians Comparability Allowance (PCA) is authorized only to solve extreme physician position recruitment and retention problems. For the purposes of this allowance, recruitment and retention problems are considered to exist if any of the following criteria exist:

- (1) Long-lasting position vacancies.
- (2) High turnover rates in positions requiring well-qualified physicians.
- (3) Applicants who do not possess superior qualifications necessary for the position.
- (4) Existing vacancies that cannot be filled with well-qualified candidates without the use of a PCA.

The Bureau extends this program to physicians only. Physicians eligible to receive a PCA may, under these guidelines, enter into a contract with the Bureau. The contract provides that, by receipt of the PCA, the physician assumes the obligation to serve without interruption throughout the term of the contract.

Entering into such an agreement is strictly voluntary. Failure to enter into an agreement in no way affects the physician's rights under a previous agreement.

* b. Current law prohibits a Federal agency from entering into a PCA agreement after September 30, 2000, and prohibits PCA * agreements from extending beyond September 30, 2002. Both the Office of Personnel Management (OPM) and the Office of Management and Budget (OMB) establish regulations under which the provisions of the Act are adopted and administered by Federal agencies. The Bureau's PCAP is in conformance with those regulations and guidelines.

c. The maximum amounts authorized for a PCA by statute are:

(1) For a physician who has served 24 months or less as a Federal Government physician at the time the agreement is executed, the maximum allowance is \$14,000.

(2) For a physician who has served more than 24 months as a Federal Government physician at the time the agreement is executed, the maximum allowance is \$20,000.

Note: The PCA is not restricted by the Title 5 pay ceiling; i.e., the total compensation, including PCA, may exceed the statutory pay limitations.

d. Under OPM regulations, four categories of physicians are eligible to receive a PCA. The Bureau hires physicians who provide direct patient care and are included in Category I (Clinical). Within this category, the following subcategories shall be used to determine individual allowances:

- (1) Shortage specialty.
- (2) Locale.
- (3) Duties.

As a measure of these subcategories within the Bureau, four specific recruitment and retention factors have been identified. The authorized maximum allowance for physicians shall be based solely upon these factors, which are listed below. These factors affect the Bureau's ability to recruit and retain qualified physicians. The amount of the PCA is the minimum necessary to ensure comparability and is subject to the limitations of 5 U.S.C., Section 5948, Public Law 100-140, and this Program Statement. Clinical care physicians with specialized training in Internal Medicine, Family Medicine, Osteopathy, General Practice, and Emergency Medicine are necessary in virtually all Bureau facilities. Positions requiring specialized training in such fields as OB/GYN, Surgery, Psychiatry, Infectious Diseases, Quality Management, Radiology, Pain Management, and Anesthesiology shall be determined by the Medical Director, based on the mission of the institution, the nature of services provided, and their overall value on a Bureau-wide scale (i.e., physician provider not necessarily in an institution setting). For instance, a specialist in OB/GYN would qualify for this component at an institution that has a significant female population and provides specific obstetric and gynecological services. That specialist would not qualify for this component of a PCA at an all-male institution. The Medical Director shall approve the components of a PCA for initial as well as renewal contracts.

e. Recruitment and Retention Factors of a PCA

(1) Health Manpower Shortage Area. Locations the Medical Director identifies as qualifying under 42 CFR Part 5, Criteria for Designation of Health Manpower Shortage Areas.

(2) Special Locale/Duty. Positions characterized by special and unusual situations or duties in which the geographic location or physical work conditions cause unique recruitment or retention problems.

(3) Length of Agreement. A temporary incentive to form a stable work force, reduce the costs of recruitment, reduce unacceptable turnover rates, and improve retention.

(4) Special Professional Qualifications. Board Eligibility/Certification as necessary and appropriate to fulfill the mission at a specific facility and for which significant recruitment and retention problems have been identified. Under this factor, a PCA shall be paid for satisfactory completion of an Accredited Council for Graduate Medical Education (ACGME) or an American Osteopathic Association (AOA) accredited residency in a specialty field required of the position. The Medical Director shall review the credentials of each applicant requesting this component of a PCA.

f. Maximum Limits. The chart below shall be used for all grade levels. It establishes **MAXIMUM** limits for each identified factor. Wardens, with the concurrence of the Regional Director and the Medical Director, may determine that a lesser amount is appropriate for a specific factor. Grade comparability for PCA distribution is built into the assessment of each factor. The assessment is made individually for each applicant for a specified position at a specified location. Physicians qualifying at lower grade levels shall be subject to lesser allowances due to their experience in factors 2 and 4. Other factors measure shortage, retention, and locale. While initial negotiation and evaluation shall be made at the local level, the Medical Director retains final authority to approve, modify, or disapprove all allowances.

Exception. The Board Eligibility component of a PCA for a physician who is Board Eligible in OB/GYN may be increased to \$4,000 for those with 24 months of service or less, due to significant recruitment problems for this specialty. This component is reduced to \$3,000 after 24 months of Federal service without Board Certification. This exception does not affect any other allowance levels or factors.

The term "board eligible" means that the individual has applied to sit for the examination to the appropriate specialty board and has received a letter from the board admitting him/her to the next scheduled examination.

The term "board certified" has caused much confusion in the past. Each physician must hold a valid certificate within his/her specialty. The Bureau shall adhere to the following guidelines as published in the American Board of Medical Specialists' Annual Report and Reference Handbook regarding recertification and time limited certification.

MAXIMUM PHYSICIAN COMPARABILITY ALLOWANCE SCALE ALL GRADES

(1 YEAR CONTRACT)

| <u>Factors</u> | <u>24 Months or Less</u> | <u>Over 24 Months</u> |
|----------------------------------|--------------------------|-----------------------|
| <u>Base</u> | <u>\$8,000</u> | <u>\$12,400</u> |
| <u>Board Eligible</u> | <u>\$2,000</u> | <u>\$3,000</u> |
| <u>Board Certified Allowance</u> | <u>\$4,000</u> | <u>\$5,000</u> |
| <u>1-Year Agreement</u> | <u>Add Nothing</u> | <u>Add Nothing</u> |
| | (Maximum \$12,000) | (Max \$17,000) |

MAXIMUM PHYSICIAN COMPARABILITY ALLOWANCE SCALE ALL GRADES

(2 YEAR CONTRACT)

| <u>Factors</u> | <u>24 Months or Less</u> | <u>Over 24 Months</u> |
|-----------------------------------|--------------------------|-----------------------|
| <u>Shortage Allowance</u> | <u>\$6,000</u> | <u>\$10,000</u> |
| <u>Locale Duty Allowance</u> | <u>\$2,000</u> | <u>\$2,400</u> |
| <u>2-Year Agreement Allowance</u> | <u>\$2,000</u> | <u>\$2,600</u> |
| <u>Board Eligible</u> | <u>\$2,000</u> | <u>\$3,000</u> |
| <u>Board Certified Allowance</u> | <u>\$4,000</u> | <u>\$5,000</u> |

SPECIALTY BOARD

| <u>American Board of</u> | <u>Recertification Interval</u> | <u>Time Limited Certificate</u> |
|--------------------------|---------------------------------|---------------------------------|
| Anesthesiology | None | No |
| Emergency Medicine | 10 years | 1980-10 years |
| Family Practice | 6 years | 1969-7 years |
| Internal Medicine | 10 years | 1990 |
| Obstetrics/Gynecology | 10 years | 1986-10 years |
| Orthopedic Surgery | 6-10 years | 1986-10 years |
| Psychiatry | None | No |
| Radiology | None | No |
| Surgery | 7-10 years | 1985-10 years |
| Thoracic Surgery | 7-10 years | 1976-10 years |

g. Allowance Eligibility. Determination that a physician is required for the position shall be in accordance with the GS-602 classification standard. Certification that a position requires a physician is the Medical Director's responsibility. Physicians in positions that are determined not to require a physician are not eligible for a PCA.

(1) No physician may receive a PCA unless his/her position is identified to be in a category or subcategory with documented recruitment and retention problems and which the Medical Director has designated as requiring a PCA to alleviate problems.

h. Recruitment Difficulty Criteria. Examples of relevant data measuring recruitment difficulty may include:

(1) Length of position vacancy.

(2) Number of unqualified applicants as a percentage of total applicants received/reviewed for the vacant position.

(3) Number of applicants interviewed and found unacceptable because they were underqualified, expressed as a percentage of the total interviews conducted for the vacant position.

(4) Number of physicians rejecting offers of employment for the position and citing inadequate compensation as the reason, expressed as a percentage of the total number of employment offers made for the position.

i. Physicians occupying positions that have been certified to require a physician, have documented recruitment and retention problems, and have been authorized by the Medical Director may be offered contracts for one or two years of service. If a physician agrees to execute a contract to serve for 2 years, the following PCAs may be paid:

(1) Up to \$2,000 for physicians with less than or equal to 24 months of Federal service.

(2) Up to \$2,600 for physicians with more than 24 months of Federal service.

j. Limitations on Eligibility. Maximum PCAs payable are \$14,000 per annum for physicians with less than 24 months creditable Federal service (as defined in P.L. 101-420), who sign a two-year contract and who are board certified in a specialty that is position-specific. This amount increases to \$20,000 for physicians with more than 24 months of Federal service who sign a two-year contract and who are board certified in a specialty that is position-specific.

Maximum PCAs are reduced to \$12,000 and \$17,000, respectively, for physicians signing a one-year contract.

k. PCA Contract. A contract entered into under the provisions of the PCAP shall be specific for an individual, position, and institution. Should an individual move to a position or an institution other than that for which the contract is executed, the contract shall be terminated. A new contract shall then be subject to renegotiation under the termination and renewal provisions of the PCAP.

l. Termination. The agreement may be terminated by the Bureau by written notice when it is in the Bureau's best interest; by the employee via written notice; or when any one of the following occurs:

- (1) Cessation of employment.
- (2) Any period of Absence Without Leave (AWOL) or suspension of work.
- (3) Assignment to a position or status excluded from PCA coverage or not approved for a PCA.
- (4) Completion of the service agreement, enactment of superseding law, or last day allowed by law for a PCA.
- (5) Change of tour of duty to less than 40 hours per pay period or to an intermittent tour of duty.
- (6) Determination by the Medical Director that the level of performance in the current duty assignment is not of sufficient quality or skill level to merit a PCA.
- (7) Loss or failure to maintain a valid license to practice medicine.

Termination of the agreement prior to its scheduled expiration date may require the physician to repay all, or part, of the gross PCA. Title 5, U.S.C., 5948(e) provides that agencies may waive, in whole or in part, PCA repayment under certain conditions (involuntary separation without cause, e.g., due to a medical condition; a legislative change; mandatory retirement; or other circumstances beyond the physician's control). The authority to waive repayment is delegated to the Medical Director.

m. Repayment Schedule. When a repayment is required, the repayment shall be in a lump sum according to the following schedule:

- (1) For a physician who has executed a one-year agreement and who does not complete one year of service, the payback amount is 100 percent of the gross PCA.

(2) For a physician who has executed a two-year agreement and who does not complete one year of service, the payback amount is 100 percent of the gross PCA.

(3) For a physician who has executed a two-year agreement and who completes at least one year of service, the payback amount is 50 percent of the gross PCA.

n. Special Provisions

(1) The Warden shall provide the physician a written explanation of the decision to disapprove, suspend, withhold, or terminate the agreement or the PCA.

(2) The PCA is paid biweekly in equal amounts incorporated into the physician's regular paycheck throughout the service period. The PCA is taxable and is separate from the physician's base pay. It is not considered as basic pay for purposes of lump sum payments, worker's compensation, retirement, or life insurance benefits.

(3) When a physician who is serving with the Federal Government has to repay a Federal loan that has an optional provision for waiver of all or part of the loan in return for service, the physician shall have the amount due to be waived during that service year deducted from any PCA for which the physician is eligible.

(4) A PCA may not be paid to any physician who is employed on less than a half-time or intermittent basis, occupies an internship or residency training program, is a re-employed annuitant, or is fulfilling a scholarship obligation (i.e., a National Health Service Corps scholarship or any other scholarship program that requires repayment by Government service).

(5) Physicians employed less than 40 hours per pay period are excluded from the PCAP.

(6) The PCA shall not normally be paid to retired members of the uniformed services or to members who resign or inactivate their commissions. The Medical Director may grant exceptions based upon documented evidence that failure to grant an exception would result in a loss of an eminently qualified physician urgently needed to fill a position.

(7) Physicians granted Leave Without Pay (LWOP) while under a service contract shall have their PCA payments terminated during the period of absence. Payments of a prorated amount of the PCA under the expired portion of the contract shall resume upon return to the same position. No part of the LWOP may be counted toward meeting the 24-month Federal service requirement.

o. Contract Implementation

(1) Authority. The Medical Director is authorized to determine a physician's basic eligibility for inclusion in the PCAP and retains authority to approve all PCA contracts.

(2) New PCA Contract. The contract for an allowance is negotiated with the physician, then forwarded for final approval to the Medical Director through the institution's Personnel Officer, the Warden, and the Regional Director. In addition to the contract, the request shall include a cover letter from the Warden containing the following:

- (a) Description of the specialty required.
- (b) Rationale and justification for the PCA as appropriate (recruitment and retention problems).
- (c) An analysis of the applicant's credentials.
- (d) The dollar amount of the PCA requested in each factor area.

After reviewing the request, the Medical Director shall notify the Warden through the Regional Director of the decision. Approval of a PCA for physicians in positions requiring a specialty in Internal Medicine, Family Medicine, Osteopathy, General Practice, or Emergency Medicine is, under normal circumstances, routinely granted. Positions requiring specialty training in OB/GYN, Surgery, and Psychiatry shall be granted approval based on the mission of the institution. Other specialties shall be approved on a case-by-case basis.

p. Renewal of PCAP Contract. Each physician desiring to renew a contract shall have the renewal request (cover letter and contract) recommended by his or her immediate supervisor. The immediate supervisor shall forward the request to the Medical Director through the Personnel Officer, the Warden, and the Regional Director.

To avoid delays in renewal agreements, applications for the Medical Director's approval shall be submitted 60 days in advance of the desired effective date.

As the effective date cannot precede the date of the Medical Director's signature, the institution Personnel Officer shall send a message via SENTRY (BOP MED SVC) to the Health Services Division requesting approval should the Medical Director's approval not be received at least one pay period prior to the proposed effective date.

Renewal of a PCAP contract is not automatic. Each physician must be reviewed and evaluated by his/her immediate supervisor, with the Warden's concurrence. Any contractual or organizational difficulties must be addressed prior to renewal.

q. Adjustment of PCAP Contract After 24 Months. After a physician completes 24 months of Federal service, the maximum PCA shall increase from \$14,000 to \$20,000. When this occurs, it is necessary to execute a new PCAP agreement. The institution Personnel Officer shall initiate a new contract indicating the new amounts in accordance with the new schedule. The Warden and the physician shall date and initial these changes and shall send the contract to the Medical Director through the Regional Director for final approval. The beginning and ending dates of the contract shall **not** change.

r. Effective Date of the Contract. The PCAP contract shall be effective the beginning of the first pay period after the date the approving official signs the contract. The Medical Director may authorize a retroactive PCAP under administrative error circumstances (i.e. institution/regional staff inadvertently caused a delay in the processing the PCAP).

s. Responsibility of the Institution's Personnel Officer. The Personnel Officer shall explain to each physician the purpose and major aspects and terms and conditions of the PCAP.

Upon approval of the agreement, the original agreement shall be forwarded to the Personnel Officer, who shall provide a copy to the physician and file the original on the left hand side of the Official Personnel Folder.

When a physician is separated from the service while receiving a PCA, or when the contract expires without renegotiation or renewal, the Personnel Officer must notify the National Finance Center (NFC) and furnish a copy of the notification to the National Health Systems Administrator, Health Services Division.

t. Assistance. Questions regarding the PCAP shall be directed to the National Health Systems Administrator, Health Services Division (FTS: 367-3055).

Section 13. Continuing Professional Education Program

The mission of the Continuing Professional Education Program (CPE) is to maintain, develop, and increase the knowledge and skills of health professionals in the performance of their duties. This program assists in achieving a fully credentialed health care cadre. CPE goals in the Bureau are commensurate with quality standards of medical practice in the community.

All primary health care providers shall complete a minimum of two in-house hours of CPE per month. This can be accomplished through self-study magazine articles, videos, audio cassettes,

drug company representatives, etc. The HSA is responsible for ensuring appropriate individuals conduct this training and is documented in the employees's training record.

All health care practitioners including HSAs and AHSAs shall be certified and maintain certification in CPR.

There shall be a written policy in the health services unit procedural manual outlining procedures for the orientation of new health services staff, in-house consultants, and other new institution staff. The orientation program shall include but not be limited to information on: the Health Services Unit services; emergency procedures; health services unit security procedures; and extent of care provided to the inmates and staff. The HSA and the Employee Development Manager shall coordinate this orientation training.

Central Office CPE: The Health Services Division shall maintain an APPROVAL STATUS with the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education and shall be an authorized sponsor for the Accrediting Council for Continuing Medical Education for Physicians.

The CPE Capitation Program is for physicians, medical staff, and medical administrators (PAs, nurse practitioners, nurses, laboratory staff, HSAs, etc.). Capitation allocations may also be used to provide funding for external training. This program is authorized for civilian/military/college continuing medical educational units. CPE Capitation funds may be used for home study/correspondence courses from accredited providers.

This program may not be used to obtain a degree (5 U.S.C., Section 4107(d)(1)). CPE capitation funds may not be aggregated and redistributed at the institution level. Funds may not be used for professional journals or magazines. All funding for travel must meet Federal travel regulations.

The CPE Residential Program is for all designated medical personnel. The Continuing Professional Education Office annually sponsors CPE specialty training programs based upon needs assessments submitted by the designated health care professionals. CPE training shall be obtained to study factors influencing the frequency and distribution of diseases, injuries, and other health-related events. All educational offerings shall be based upon defined needs and explicit objectives, educational content, and methods.

a. CPE Allotments

(1) CPE Capitation Allotments. CPE allotments are approved on a case-by-case basis for all health care personnel. The National Continuing Professional Education Coordinator (NCPEC), Central Office, approves any requested CPE allotment according to appropriation limitations.

Any health care professional who desires to attend CPE shall request CPE approval from the HSA via memo. CPE is not only a recruitment and retention tool but is a requirement to maintain medical skill proficiency, therefore, HSAs are encouraged to approve CPE requests contingent upon institution health services unit needs. HSAs shall approve or disapprove CPE training requests. If the HSA approves the CPE training request, this request shall be forwarded to the Warden for approval. The Warden shall forward all approved CPE requests to the Employee Development Manager (EDM) at the institution. The EDM shall submit a Training Form 182 requesting final approval for CPE funding from the NCPEC, Central Office. All CPE requests shall be submitted to the NCPEC a minimum of 30 days prior to the start of the requested training. CPE requests submitted less than 30 days prior to the start of the requested training are subject to disapproval.

Wardens are encouraged to grant training leave for up to 10 days annually per each qualified candidate. All requests for funding for the current fiscal year shall be in the National CPE Office no later than close of business, August 15. All training requests will be considered for approval on a first-come, first-serve basis.

(2) CPE Residential Programs. Once a CPE training program has been developed, requests for attendance are submitted to institution CEOs. CEOs nominate participants in these residential programs and submit nominees to NCPEC, Central Office. The NCPEC transmits a SENTRY FORM 13, Training Authorization, to the CEO for NCPEC approved participants.

Any health care professional who desires to attend a residential CPE training event should contact their HSA for details on authorized participation and program expectations. The Health Services Division annually publishes a CPE residential program calendar announcing all training programs for the coming year.

b. Funding Allocation

(1) CPE Capitation Funding. Allocated funding is based upon Central Office determinations on CPE capitation needs and the availability of funds. The following are authorized professional personnel positions to receive annual CPE capitation funds. They are Physician, Dentist, Physician Assistant-Certified, Physician Assistant-Other, Nurse Practitioner, Nurse, Dietician, Physical Therapist, Pharmacist, Health Care Information Technician, Social Worker, Pharmacy Technician, Dental Hygienist, Occupational Therapist, X-Ray Technician, HSA, AHSA, and Laboratory Technologist. All professional categories not included will be considered for funding on a case-by-case basis. CPE Capitation funding may vary from year to year therefore, personnel may contact the NCPEC to determine the current authorized funding for their profession.

The following MLP professions are defined as follows:

(a) Physician Assistant-Certified. A graduate of an accredited PA program with current certification from the National Commission on Certification of Physician Assistants.

(b) Physician Assistant-Other. A graduate of an accredited PA school without current certification from the NCCPA or a Medical Technical Assistant, Medical Technician Assistant conversion, or Foreign Medical Graduate functioning as a Physician Assistant.

The dental services are under the general supervision of a designated health care authority pursuant to a written agreement, contract, or job description.

Individual Capitation CPE funding is available to the following practitioners up to the listed amounts:

| | |
|---|---------|
| Physician | \$1,500 |
| Physician Assistant - Certified | 1,100 |
| Nurse Practitioner | 1,100 |
| Dentist | 1,100 |
| Physician Assistant - Other | 800 |
| Nurse | 800 |
| Pharmacist | 800 |
| Pharmacy Technician | 500 |
| Dental Hygienist | 800 |
| Dental Technician | 500 |
| Dietician | 800 |
| Physical Therapist | 800 |
| Occupational Therapist | 800 |
| Registered Record Administrator | 600 |
| Accredited Record Technician | 600 |
| Laboratory Technologist | 800 |
| X-Ray Technician | 500 |
| Health Services Administrator | 800 |
| Assistant Health Services Administrator | 800 |
| Social Worker | 800 |

Medical capitation funding for HSA/AHSAs shall not exceed the position amount indicated. No HSA/AHSA shall receive dual capitation funding (i.e., as an HSA/AHSA and again for his/her discipline). Further, HSA/AHSAs are not authorized to choose between medical capitation disciplines to receive the higher amount, e.g., a PA serving as an HSA/AHSA requesting funding at the \$1,100 level instead of the \$800 level.

(2) CPE Residential Funding. All specialty training programs are funded at the Central Office level.

c. Guidelines for CPE Program Approval. Program activity must be provided by an accredited sponsor/provider (ACCME, AMA, ANA, etc.) and be approved for continuing education credit. Programs

should be based on perceived or demonstrated educational need. Participants should be given a copy of the Training Form 182 to complete and submit with the course brochure to the HSA.

(1) Required Information. The following information from each participant shall be available to the HSA for consideration:

- (a) Course title and description.
- (b) Faculty involved in planning and instructing the course.
- (c) The number of credit hours awarded (should be comparable to tuition cost).
- (d) Education objectives (analyzed for job appropriateness).
- (e) Intended audience.

Note: Requirement for courses are subject to the regulations of the Federal Training Act, which governs travel, per diem, and course work.

(2) Limitations. All expenses exceeding the capitation allotment will be the responsibility of the employee, unless the institution training committee agrees to bear some portion of the additional cost.

d. Participant Responsibilities.

(1) Share clinical information with his/her colleagues upon return from training, or assurance of quality management.

(2) Pay for any cost exceeding the authorized allocation.

(3) Maintain accurate financial records of tuition, travel, and per diem costs associated with each CPE course attended while on travel status, and provide them to the CPE Coordinator.

(4) Provide, upon completing the training, (non-PHS employees) proper documentation to the EDM for inclusion in their training record.

(5) Mail (Public Health Services employees) a copy of their completed training forms Training Form 182 or SENTRY FORM 18 to the Division of Commissioned Personnel, Rockville, Maryland, for inclusion in his/her personnel records.

(6) Submit a copy of the completed travel voucher (faxed) to NCPEC at (202) 616-2097.

Section 14. Budget, Property and Supplies

a. Budget. The HSA is the Cost Center Manager for the medical services budget at the institution level. He/she shall hold quarterly meetings with medical staff to familiarize them with

the status of the budget. The HSA prepares all budgetary submissions and maintains records of all budgetary transactions. In addition to reports and other information available from Financial Management, the HSA shall maintain either manual or computerized accounting records to provide detailed, up-to-date funds accountability. These records shall be reconciled monthly with the final 100.49 Financial Management System (FMS) report. Up-to-date perpetual balances shall be maintained.

b. Property. Major equipment needs shall be identified through the institutional priority list established annually through the Budget and Planning Committee. The preparation of major HSU equipment priority lists is delegated to the field station in coordination with the institution's Controller.

c. Procurement Procedures. All requests for purchase/purchase orders shall be prepared in accordance with current regulations - FAR, FPMR, JAR and BPAP. The following priority shall be used for direct purchases of medical, surgical, and dental supplies:

- # Government Supply Depots; VA, USPHS, and DOD;
- # GSA contracts;
- # open market (for medication orders refer to Chapter VIII).

* d. Major Medical/Dental Equipment. Once a decision has been made to purchase a piece of medical/dental equipment a Request for Purchase form (BP-101) must be prepared which adequately and clearly describes the required item(s). Personal preference items or brand names shall not be requested unless a "brand name or equal" provision is included. The provision shall sufficiently describe all the prominent characteristics of the brand name item.

When submitting a Request for Purchase for medical/dental equipment costing more than \$1,000, a Major Equipment Justification form (BP-135) must accompany the request. Forms are obtained from the institutional Controller or normal institutional warehouse supply requisitioning. Both forms shall be forwarded to the Health Services Division to the attention of the Medical Director, for an authorization number to purchase the equipment. Once approved, the documentation shall be returned to the institutional Controller for appropriate action. *

e. Medical Fund Control Program. The Medical Fund Control System is in accordance with and compatible with the Bureau's Budget Execution Fund Control System. The HSA using the Medical Fund Control System is responsible for ensuring that obligations are accurately controlled, recorded, and reported. The HSA is also responsible for assigning fund control numbers to all obligation documents (to include travel authorizations, cash

purchases, etc.) and for certifying that funds are available in their respective cost centers prior to the creation of obligations (refer to the Budget Execution Manual).

Section 15. Preventive Maintenance Services

There shall be a written comprehensive plan in each department within the HSU for preventive maintenance of all equipment. Manufacturers' recommendations shall be followed. Unless the manufacturer otherwise specifies, preventive maintenance actions shall be documented at least twice a year on the appropriate form.

Section 16. Forms Ordering

Bureau forms are ordered in accordance with the current Program Statement on Forms Management. Standard forms are ordered through GSA. To order PHS forms, the HSA should request via memo to be placed on the PHS forms ordering list. The request should be sent to Forms Section, Room 7A-18, Parklawn Building, 5600 Fishers Lane, Rockville MD 20857. That section will then supply the HSA with the procedures for ordering PHS forms.

PROCEDURAL STEPS TO BE FOLLOWED IN ESTABLISHING
A PHYSICIAN ASSISTANT/NURSE PRACTITIONER PRECEPTORSHIP
PROGRAM WITH AN EDUCATIONAL INSTITUTION

Situation #1 - Without Monetary Cost. Preceptorship Program can be established between the correctional institution and educational institution without monetary cost to the Federal Bureau of Prisons.

Steps.

1. HSA and educational institution official enter into an affiliation agreement.
2. Educational institution provides HSA names of PA/NP students. HSA notifies institution personnel officer of name(s) of students, reporting date(s), copies of SF-171 and position descriptions, two weeks prior to student(s) reporting date.
3. On reporting date - PA/NP student receives institution orientation from personnel office and training office. Temporary identification card and rules and regulations on access to, from and within institution are explained. (Note: This orientation should take approximately 6-8 hours). In addition, the standard medical orientation is required.
4. PA/NP student(s) begin work.
5. CD and HSA monitor students progress in conjunction with educational institution official.

Situation #2 - With Monetary Cost. Preceptorship Program can be established between the correctional institution and educational institution at a negotiated monetary cost to the Federal Bureau of Prisons. Consultant funds are to be used for this purpose. Guidance and fiscal supervision on the use of these funds will be provided by the appropriate RHSA.

Steps.

1. HSA has institution contracting officer contact educational institution official to discuss the funding amounts and procedures concerning all payments to the education institution.
2. HSA and educational institution officials enter into affiliation agreement.
3. Institution contracting officer issues BP-ACCT-81 (Purchase Order), to the educational institution.

4. Educational institution sends HSA names of PA/NP students. HSA notifies institution personnel office of name(s) of students, reporting date(s), copies of SF-171 or CV and position description, two weeks prior to student(s) reporting date.
5. HSA prepares a purchase request for student(s) accepted into the program. This step is required anytime a new student(s) is accepted into the program.
6. On reporting date, PA/NP student(s) receive institution orientation from personnel office and training office. Temporary identification card and rules and regulations on access to, from and within institution are explained. (Note: This orientation should take approximately 6 to 8 hours). In addition, the standard medical orientation is required.
7. PA/NP student(s) begin work.
8. CD and HSA monitor students progress in conjunction with educational institution official.

FEDERAL BUREAU OF PRISONS
PHYSICIAN ASSISTANT/NURSE PRACTITIONER PRECEPTORSHIP PROGRAM
INSTITUTIONAL VOLUNTARY AFFILIATION AGREEMENT

This agreement entered into this day of _____, 19__, between (insert name of educational institution and location), Physician Assistant/Nurse Practitioner Program hereafter referred to as the program and (insert name of correctional institution and location), hereafter referred to as the facility. The program and the facility hereby do agree to the following conditions.

THE FACILITY AGREES TO:

1. Provide the opportunity for clinical experience for senior physician assistant/nurse practitioner students of the program by allowing those students to accompany their preceptor(s) or clerkship supervisor(s) in the facility. The preceptor(s) or clerkship supervisor(s) must work full time for the facility or have staff privileges at that facility.
2. Provide training to meet the objectives set forth by (insert name of educational institution) Physician Assistant/Nurse Practitioner Program. This experience will be within the bounds of the clerkship objectives under the preceptor(s) or clerkship supervisor(s) supervision.
3. Provide the students with copies of hospital rules and policies to be followed.
4. Permit visits of program faculty and accreditation teams to observe, audit, and participate in the teaching process.
5. Provide the student opportunity to participate in patient care to accomplish clinical educational objectives under the supervision of the preceptor(s).
6. Recognize that the student is in a learner status and shall not render patient care beyond the realm of education value under supervision of the CD.
7. Provide (where possible) use of an ancillary facilities such as parking, library, and cafeteria needed for use in the learning experience.

THE PROGRAM WILL:

1. Provide the facility with a list of rotating students no later than fourteen (14) days prior to the start of the rotation period.
2. Insure that each student has adequate malpractice coverage.

3. Designate an appropriate educational institution to act as liaison between the program and the facility on clinical education matters.
4. Average visit by that designated liaison at least once each rotation period (when possible) to observe, participate and audit the educational experience.
5. Retain responsibility for curriculum, its design, modification and quality.

THE PROGRAM AND THE FACILITY SHALL:

1. Allow the student to read the terms of this agreement.
2. Agree that any student may be dismissed from the Federal Bureau of Prisons Physician Assistant/Nurse Practitioner Preceptorship Program when the facility has determined that the student's conduct is detrimental to the facility and/or patients of the facility.
3. Jointly provide each other with notice of curriculum, staff, and learning opportunities available that may affect clinical learning experiences.
4. Meet on a periodic basis to discuss, evaluate and adapt curriculum, rotation policy and to resolve any specific problems which may exist.
5. Jointly specify appropriate uniform and identification to be worn by the student in the facility.

This agreement shall be in effect for one year. It may be terminated by a written 60 day notice. It may be amended by mutual agreement of the program and the facility at any time.

| | |
|--|------|
| SIGNED | DATE |
| Health Services Administrator for Education Institution | |

SIGNED _____

DATE _____

SIGNED _____ DATE _____
Contracting Officer

| | |
|--------|------|
| SIGNED | DATE |
| CD | |

SIGNED _____ DATE _____
Warden

POSITION DESCRIPTION

TITLE: Physician's Assistant Student
 Federal Bureau of Prisons
 Preceptorship Program

1. DUTIES. As a competent Physician's Assistant student, the student should be able to perform the following functions under the direct supervision of a staff physician, and/or a staff physician's assistant.

a. Given a patient, collect a limited or complete data base (history and physician examination). Identify abnormal findings on the physical examination. Given a patient or historical, physical and laboratory data, develop a problem list and tentative diagnosis, develop a plan of action and order the appropriate laboratory and diagnostic tests, and develop a plan of therapy appropriate for the patient's condition.

Record the data base on the approved Federal Bureau of Prisons forms using currently approved health records system. Make an oral presentation of the complete data based in a concise, orderly and accurate fashion.

Under the direct supervision of the physician, and with assistance of a staff physician's assistant, provide comprehensive nursing care to patients in general medical, surgical or psychiatric wards, and administer prescribed treatment and medications. Maintain close surveillance over psychiatric patients, monitor any changes, ensure the safety of the patient and exercise trained judgement in calling for medical assistance.

b. Perform a wide variety of technical services under the supervision of the physician, a staff physician's assistant, and/or other appropriate medical personnel. Perform and interpret, CBC, serum electrolytes and blood culture; urinalysis, including microscopic examination; feces, sputum and gastric contents for occult blood.

Perform the following clinical procedures under supervision of a staff physician's assistant: venipuncture, intradermal skin test, insertion of indwelling urethral catheter, insertion of intravenous catheters, initiate IV therapy, perform a 12 lead direct electrocardiogram and identify a variety of cardiac arrhythmias.

Be aware of the expected side effects contraindications, expected actions, and possible toxic effects of those medications currently in the pharmaceutical formulary, and be responsible for

the dispensing of those medications under the supervision of a staff physician.

Operate medical radiographic equipment, perform and interpret a variety of radiographs with safe exposure and proper patient positioning.

Perform proper physical therapy treatments using a variety of treatment modalities available.

c. Custodial responsibilities. Maintain constant alertness to conditions which might endanger the security of the institution, personnel, and inmates. Exercise supervisory control over assigned inmate patients.

d. Other duties as may be consistent with the objectives of the Physician's Assistant Preceptorship Program.

2. SUPERVISION AND GUIDANCE RECEIVED. Medical diagnosis and treatment are to be done under the direct supervision of the physician, and/or physician's assistant. Technical procedures are to be performed under the supervision of a physician's assistant, and/or qualified technician depending upon the procedure being performed.

The physician acting as the student's preceptor may assign reading assignments or suggest pertinent teaching conferences for the student to attend.

The medical staff must realize that the student is in a learner status, and the student may not render patient care beyond the realm of educational value.

PHYSICIANS COMPARABILITY ALLOWANCE AGREEMENT
To Receive An Allowance Under 5 U.S.C., Section 5948

NAME (TYPED): _____

FACILITY (TYPED): _____

POSITION (TYPED): _____

In consideration of the payments for which I qualify under the Federal Physicians Comparability Allowance Program (PCAP), as found in 5 U.S.C., Section 5948, 5 CFR 595, and this Program Statement, I hereby agree:

1) To serve as a physician for the Bureau of Prisons for _____ year(s) in a clinical care/program position (Category I).

2) That the amount of the allowance for which I qualify and which will be payable to me shall be determined by the Medical Director as prescribed by this Program Statement. The allowance payable under this authority is \$_____ per year, for a period of _____ year(s), paid in biweekly portions and included in my paycheck.

3) That acceptance of this agreement does not alter the conditions or terms of my employment.

4) That this contract applies to a specific position and location. If I move to a different position or location, I understand that this contract is terminated and is subject to the termination provisions of this Program Statement. A new contract may be negotiated at that time.

5) That if, at any time, the agency determines my job performance to be unsatisfactory, or if the agency determines there has been delinquency or misconduct on my part, payment of the allowance may be disapproved, suspended, withheld, or terminated. In such cases, the Warden shall provide me a written termination notice containing an explanation of this determination.

6) That if I, voluntarily or because of misconduct, fail to complete at least 1 year of service under either a 1- or 2-year agreement, I will refund 100 percent of the gross amount paid me through the Physicians Comparability Allowance Program. The only exception to this is when the Medical Director determines that failure to complete 1 year of service is due to circumstances which are beyond my control.

7) That if I, voluntarily or because of misconduct, fail to complete the second year of service under a 2-year agreement, I will refund 50 percent of the gross allowance paid to me under this contract.

8) That any amount which I may become obligated to repay under the provisions of this agreement shall be payable in full in lump sum prior to my leaving the service of the Bureau of Prisons or upon termination of the agreement, whichever is first.

9) That the effective date of this agreement will be the beginning of the first pay period following the dated signature of the approving official.

10) That there is no provision for retroactive payments prior to the signature of the approving official.

11) That if I have a Federal loan which has an optional provision for waiver of all or part of the loan in return for service, I shall have the amount due to be waived during the service year deducted from any allowance for which I may be entitled under the provisions of the Physicians Comparability Allowance Program.

(a) The amount of loan repayment being waived during this service year is \$_____. The amount to be waived during the term of this contract is \$_____. (Enter "none" if this does not apply.)

12) That I am not fulfilling a scholarship obligation, such as a National Health Service Scholarship, which requires repayment by Government service.

13) That the provisions of the Bureau of Prisons' Program Statement on the Physicians Comparability Allowance Program are incorporated by reference into this agreement and that these provisions were explained to me by the Personnel Officer or his/her designee. I have received a copy of the Bureau of Prison's Program Statement on the Physicians Comparability Allowance Program.

14) CHECK ONLY ONE:

[] I am **NEITHER** Board Certified nor Board Eligible.

[] I **AM** Board Eligible (ATTACH A COPY OF BOARD NOTICE OF CURRENT ELIGIBILITY TO SIT FOR EXAM.)

[] I **AM** Board Certified in the following medical specialty (ATTACH A COPY OF BOARD CERTIFICATE.)

SPECIALTY

DATE CERTIFIED

EXPIRATION DATE

15) CHECK ONLY ONE:

- ☐ I have successfully completed an ACGME or AOA
accredited internship and residency.
- ☐ I have **NOT** successfully completed an ACGME or AOA
accredited internship and residency.

(ATTACH A COPY OF THE INTERNSHIP/RESIDENCY COMPLETION
CERTIFICATE.)

16) CHECK:

☐ I currently possess a valid license to practice
medicine in the State of _____.
(ATTACH A COPY)

I AGREE TO THE TERMS AND CONDITIONS OF THIS CONTRACT.

(PHYSICIAN'S SIGNATURE)

(DATE)

(SOCIAL SECURITY NUMBER)

THE INSTITUTIONAL PERSONNEL OFFICER IS TO COMPLETE THE FOLLOWING
CHECK LIST:

Contract for _____ year(s).

Compensation Physician has been granted annually is \$_____
(Excluding PCA, but including base pay and all other bonuses and
awards.)

Compensation Physician has been granted annually is \$_____
(Including PCA and base pay and all other bonuses and awards.)

Number of Years of Continuous Service: _____
(Enter "none" if this does not apply.)

Copy of Board Eligibility or Board Certification Attached _____

Copy of Internship and Residency Certificate Attached _____

Copy of Valid License to Practice Medicine Attached _____

This is a _____ new or _____ renewal contract.

If new contract, how long was physician position vacant? _____

BUREAU SIGNATURES AS REQUIRED:

(SUPERVISOR'S SIGNATURE)

(PERSONNEL OFFICER'S SIGNATURE)

(DATE)

(WARDEN'S SIGNATURE)

(DATE)

(REGIONAL HEALTH SYSTEM ADMINISTRATOR'S
SIGNATURE)

(DATE)

(REGIONAL DIRECTOR'S SIGNATURE)

(DATE)

(MEDICAL DIRECTOR'S SIGNATURE)

(DATE)

CHAPTER II: HEALTH CARE STANDARDS

Section 1. Standards of the Medical Program

Bureau policy is to provide necessary medical care consistent with community standards. Further, it is Bureau practice to maintain the health of inmates by providing medical care for significant problems that are persistent or longstanding, within available resources. This policy guides medical personnel in determining the level and extent of care, particularly in surgical intervention.

Medical treatment generally can be divided into levels of care:

a. (LEVEL 1) Medically mandatory is defined as immediate, urgent or emergency care required to maintain or treat a life threatening illness or injury.

b. (LEVEL 2) Presently medically necessary is defined as routine care or treatment that cannot be reasonably delayed without the risk of further complication, serious deterioration, significant pain or discomfort, provided to maintain a chronic or non-life threatening condition.

c. (LEVEL 3) Medically acceptable but not medically necessary is treatment that is not exclusively for the convenience of the patient (routine hernia repair, noncancerous skin lesions, etc.).

d. (LEVEL 4) Exclusively for the convenience of the inmate. This level of care may include, but is not limited to, tattoo removal, minor nasal reconstruction, other cosmetic surgery, and elective circumcision.

The provision of surgical and medical procedures is limited to cases that fall within levels (1) and (2). Procedures that fall into levels (3) and (4) shall not ordinarily be provided. Exceptions must be approved by the Medical Director. Organ transplantations are not ordinarily provided by the Bureau (refer to Chapter VI, Section 22).

SENTRY Form No. 213, "Medical Treatment in Local Community" shall be signed by the CD and submitted by the HSA to the RHSA for approval or denial. Care in levels (3) and (4) require prior Medical Director approval. The signed original shall be maintained in the health record (Section 6) and a copy shall be maintained by the HSA (MRCs are not required to submit form 213s to the regional office).

Additional factors to be considered in making decisions under this policy include:

The level of care provided to persons in the community with similar medical problems.

The existence of the condition prior to the inmate's incarceration and, if treatment was not obtained prior to incarceration, the reasons for not obtaining treatment.

The length of the sentence remaining - whether the surgery/procedure could be reasonably delayed without causing a significant progression, complication, or deterioration of the condition and would not otherwise violate sound medical principles.

The likelihood of the inmate's cooperation with staff in treatment efforts.

Health Services Unit Accreditation. The Medical Director, in consultation with the Bureau Director, has determined that institutions acting as major referral centers shall maintain accreditation with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as follows: Medical Center for Federal Prisoners (MCFP), Springfield, Missouri; Federal Medical Center (FMC), Rochester, Minnesota; FMC Lexington, Kentucky; Federal Correctional Institution (FCI) Butner, North Carolina; FMC Fort Worth, Texas; and FMC Carswell, Texas.

All other institutions shall comply with applicable JCAHO Ambulatory Health Care Standards. All institutions shall be in full compliance with ACA standards in the operation of their HSUs.

Physician/Dental Officer Licensure Requirements. (refer to Chapter XII, Section 12).

Section 2. Department Operating Guidelines

a. Medical Referral Centers. The HSA at Medical Referral Centers shall ensure that each medical department head prepares detailed written guidelines and procedures governing each operating department in the medical facilities. There shall be documentary evidence of at least annual review and revisions of guidelines and procedures. JCAHO/ACA standards may be used as a resource for developing individual institution guidelines.

Each MRC shall establish a health services activity log. The log shall contain at a minimum:

- # inpatient census at the beginning of each shift;
- # admissions to community hospitals;
- # admissions of seriously ill inmates;
- # physical plant failures; and
- # admissions with unusual signs and symptoms.

b. General Population Institutions. The HSA at General Population Institutions shall ensure that a daily health services activity log is maintained. The log shall begin at 00:01 each day and end at 24:00 the following day. The on-duty medical

staff shall be responsible for completing the activity log, with input from all Health Services staff. The log shall contain at a minimum: any outpatient census (inmates temporarily housed in the HSU); admissions to community hospitals; the status of the syringes, needles, and narcotics inventories; all injuries (other than minor) requiring care; and any equipment and physical plant failures.

c. Exemptions. HSAs may request exemptions from requirement(s) of the Health Services Manual. The Medical Director may only grant exemptions for those areas where he/she is specifically authorized by the HSM to do so in accordance with the Directives Management Manual. The Director must approve all other exemption requests. All requests must clearly state the problem and the HSA's attempted solutions. Requests must be forwarded to the Medical Director through the Warden, and Regional Director. If approved by the Medical Director, documentation shall be maintained in each copy of the institution's Health Services Manual. If disapproved by the Regional Office, the request shall be returned with an explanation, but does not need to be forwarded to the Medical Director. No changes shall be made until written approval is received either from the Medical Director or the Director.

Section 3. Sensitive Medical Data\Medical Duty Status Reporting

The HSA is responsible for managing the Sensitive Medical Data (SMD) and the Medical Duty Status (MDS) automated health information systems. Additionally, the HSA is responsible for designating Health Services staff to perform data entry into the SMD and MDS systems.

The SMD system uses the ICD-9-CM coding classifications. HSAs shall ensure the completion of an SMD data entry form for every patient encounter in which a primary diagnosis is made, including medical town trips and outside hospitalizations. Exceptions are dental clinic visits, laboratory visits, pharmacy visits, routine scheduled blood pressure checks, etc. Refer to the current Sensitive Medical Data\Medical Duty Status Technical Reference Manual (SMD/MDS TRM) for proper procedures for completing this form.

The MDS system provides, within the existing SENTRY system, a system to determine the medical duty status of newly arrived inmates. Additionally, MDS helps identify and address the needs of inmates with disabilities. HSAs shall ensure the completion of MDS data entries on all newly arrived inmates. Updated MDS information shall be entered when appropriate. Refer to the current SMD/MDS TRM for the proper procedures for entering this data. Each HSA shall develop procedures for data collection using a current list of all MDS assignments. Refer to the SMD/MDS TRM for instructions on the MDS Inmate Disability Reporting form.

Institution MDS Staff Roles and Responsibilities

a. Initial Disability Assignments: It is imperative that the appropriate MDS assignment(s) be entered according to the inmate's needs. Accuracy in the assignment of disabilities may require communication between various departments in the institution i.e., Health Services, Psychology Services, the Unit Team, and Education. While the sharing of information may be required, the HSA is only responsible for the entry of the following information:

- (1) Disfigurement
- (2) Hearing Loss
- (3) Orthopedic Disability
- (4) Partial Paralysis - Lower
- (5) Partial Paralysis - Upper
- (6) Total Paralysis
- (7) Vision Impairment
- (8) Total Blindness
- (9) Missing Lower Extremity
- (10) Missing Upper Extremity
- (11) Wheelchair

b. Newly Assigned Inmates

(1) The HSA shall develop procedures to ensure that upon completion of the intake history and physical examination of the inmate, identification and documentation of any physical disability needs have been made.

(2) The physical disability needs shall be documented for both pretrial and sentenced offenders subsequent to the intake examination.

(3) For needs identified by the Psychology Services Department, the MDS assignments shall be reviewed, identified, and documented by the Psychology Services Department at the initial interview after the inmate has reached the designated institution.

(4) The collected data shall be entered into SENTRY within three working days from the interview/physical date.

c. Management/Update of Disability Assignments

(1) The HSA shall maintain overall responsibility for managing and updating the MDS assignments applicable to medical disabilities.

(2) Any staff member who becomes aware of an inmate's disability needs shall advise the HSA or Psychology Services in writing to ensure these needs are appropriately addressed.

Section 4. 24-Hour Coverage

Medical care coverage shall be available in every institution 24 hours a day. Minimum security institutions are exempt from this requirement if an adequate emergency response system is available in the local community.

The institution shall develop a plan to provide 24-hour medical care coverage which may include utilizing all approved positions outlined in Section 5 of Chapter I. This plan shall outline the ability of the institution to provide routine primary and emergency medical, dental, and psychiatric care to the inmate population; however, in all instances, medical care staff shall not be permitted to perform duties outside their scope of medical practice (except in response to their correctional worker responsibilities).

The Regional Office must review and approve the institution's 24-hour medical care coverage plan.

At Medical Referral Centers, compliance with JCAHO standards shall be considered sufficient to meet the above requirements.

Institutions may have periodic staffing vacancies which prevent scheduling 24 hour coverage. To implement an interim schedule of less than 24 hour coverage, the Warden shall petition the Regional Director in writing. The respective Regional Director and the Medical Director shall make the decision jointly to grant an exemption from 24 hour coverage.

Each exemption shall be granted for a period to be determined by the Medical Director. (As a general rule, exemptions will be limited to 90 days.) If a renewal is considered necessary, a written request shall again be made through the Regional Director to the Medical Director. Regardless of the staff coverage, each institution is required to ensure satisfactory after-hours emergency care is available.

Section 5. Medicolegal Problems

Release on Executive Clemency for Medical Reasons. Executive Clemency (reducing an inmate's sentence to time served) is the prerogative of the President, and may be granted for health reasons when recommended by the U.S. Pardon Attorney. Prisoners suffering from incurable maladies who have not reached their parole eligibility date shall be evaluated to determine whether they are appropriate candidates. Ordinarily, a request for Executive Clemency is initiated by the inmate following consultation with the Case Manager. Medical reports prepared for the Pardon Attorney shall give the nature of the disorder and the prognosis in terms of weeks or months. As such a prognosis is often difficult to make, all staff physicians (and perhaps medical consultants) shall participate to determine the inmate's life expectancy. Medical reports given in response to the

request of the Pardon Attorney are confidential documents, and shall be designated as such to the Warden or representative.

Release on Parole for Medical Reasons. For an inmate to be considered for parole for medical reasons, the inmate must have reached parole eligibility, except as noted below. To consider the application, the Parole Commission must have a concise, understandable statement of the inmate's illness as well as a general prognosis, reinforced when necessary by the written opinion of the appropriate medical consultant.

Motion to Provide Immediate Eligibility for Parole or Reduction of Term of Imprisonment for Medical Reasons ("Compassionate Release"). Inmates who are not immediately eligible for parole or new law inmates may request that the Bureau make a motion under 18 U.S.C., Section 4205(g) (old law) and 3582(c) (new law) to the sentencing court to reduce the minimum sentence to allow immediate parole or release. The procedures are contained in the Program Statement on Compassionate Release, Procedures for Implementation. Pertinent health records shall include at a minimum a comprehensive medical summary by the attending physician containing an estimate on life expectancy and all relevant test results, consultations, and referral reports/opinions.

Section 6. Body Searches for Contraband

Under no circumstances shall laxatives, enemas, or emetics (any form) be used to induce a bowel movement or vomiting to assist in the removal of contraband. Inmates in "Dry Cell" status shall not normally receive laxatives, enemas, or emetics for medical reasons. If a medical condition requires prescribing these types of medications to an inmate in dry cell status, a physician must order this medication weighing the potential danger to the inmate if contraband is present. When a cavity search is authorized per Program Statement on Searches of Housing Units, Inmates, and Inmate Work Areas, qualified health care personnel shall perform it.

Section 7. Involuntary Treatment for Medical Care

For involuntary treatment for psychiatric care refer to Chapter IX, Section 6 of this Manual.

Any refusal of recommended or offered treatment or a diagnostic procedure shall be documented in the health record, dated, signed, and time-marked. The patient will be asked to give a signed refusal. Any explanations given to the patient concerning the need for treatment and possible consequences of lack of treatment must be documented. The BP-S358.060 "Refusal of Medical Treatment", shall be used for this purpose. If the patient refuses to sign, a staff witness shall attest and sign to the fact that consequences were explained to the patient in a language he/she understood. As a general rule, medical and

dental treatment, including medication, are given only when the patient consents. Exceptions will be made when:

a. A Bureau or contract physician determines that there is a danger to life or of serious permanent injury to the patient or by the patient to others; and the disease or physical defect can reasonably be expected to be helped or relieved by specific medical evaluation and treatment (no more than necessary to relieve the danger).

b. There is a court order for evaluation or treatment to be provided.

Diagnostic procedures relating to potential communicable disease such as, but not limited to, tuberculin screening tests, chest x-rays and serology for syphilis, or blood specimens for hepatitis and HIV (when clinically indicated) are mandatory for the protection of the patient and other inmates and staff. Refusal of such diagnostic procedures will require an incident report. The Clinical Director shall determine whether medical isolation is clinically indicated.

Hunger Strikes. Refer to Program Statement on Hunger Strikes.

Section 8. Safety and Sanitation

There shall be written guidelines to implement and monitor a comprehensive safety and sanitation program containing at a minimum:

- # organized housekeeping programs with written job descriptions for inmates;
- # accident reporting system;
- # safety training;
- # fire plan;
- # institution disaster plan;
- # storage and control of flammable liquids and gases; and
- # biohazardous waste disposal.

JCAHO standards shall be used in formulating these procedures, including fire drills for reducing hazards to patients and staff.

Each HSU shall develop a disaster plan to care for emergency casualties, consistent with its capabilities and the services available in the community. This plan shall be rehearsed annually; JCAHO-accredited institutions shall rehearse twice a year. All medical units shall document disaster rehearsals and maintain this documentation in the HSA's office.

Section 9. Infectious Waste Procedures and Policies

The HSA is to ensure the safe management and disposal of hospital waste generated at the HSU/MRC. There is to be a free flowing path for the movement of waste from generation to disposal

thereby minimizing the risk to personnel while maintaining aesthetic values by keeping waste out of sight of inmates and visitors. Refer to current Program Statement on Infectious Disease Management.

Section 10. Inmate Healthcare Services Program

Attachment II-A provides guidance to Bureau physicians, dentists, MLPs, and HSAs as well as to community hospitals and contract consultants regarding healthcare services available to Federal inmates. **The elective surgical/non-surgical procedures listed in Attachment II-A are authorized with required approvals.**

Attachment II-B provides guidance to Bureau physicians, dentists, MLPs, and HSAs as well as to community hospitals and contract consultants regarding healthcare services generally excluded to Federal inmates. **The elective surgical/non-surgical procedures listed in Attachment II-B are not authorized unless an exemption is granted by the Medical Director.**

AUTHORIZED INMATE HEALTH CARE SERVICES

Amputation, partial - Non-emergency
Amputation, complete - Non-emergency
Amputation, radical - Non-emergency
Bone graft, any donor area, minor or small
Carpal Tunnel Decompression of Ligament Release/Tarsal Tunnel
Cartilage graft, costochondral
Cartilage graft, nasal septum
Cataract Removal
Fascia lata graft, by stripper
Foot Surgery/Bunionectomy
Hemorrhoidectomy - Non-emergency
Herniorrhaphy - emergency
Hysterectomy - Non-emergency
Implant material, removal
Lumbar Disc - Non-emergency
Muscle Resections
Myringotomy with or without Tubes - Non-emergency
Prostatectomy
Reconstruction mandible, extraoral - Non-emergency
Rhinoplasty - Non-emergency
Sigmoidoscopy
Submucosal Resection - Non-emergency
Temporomandibular Joint Survey - Non-emergency
Tissue (skin) graft
Tonsillectomy and/or Adenoidectomy
Transurethral balloon dilation, prostatic urethra
Tympanoplasty
Uterine suspension
Varicose veins

NON-AUTHORIZED INMATE HEALTH CARE SERVICES

MEDICAL EXCLUSIONS

Code Description

INTEGUMENTARY SYSTEM

SKIN, SUBCUTANEOUS AND AREOLAR TISSUE

Incision

10040 Acne surgery
11762 Reconstruction of nail bed with graft

Introduction

11920 Tattooing
11921 Tattooing
11922 Tattooing
11950 Subcutaneous injection, filling material
11951 Subcutaneous injection, filling material
11952 Subcutaneous injection, filling material
11954 Subcutaneous injection, filling material
11960 Insertion, tissue expander(s) for other than breast
11970 Replacement, tissue expander with permanent prosthesis
11971 Removal, tissue expander(s) without prosthesis
 insertion
11975 Insertion, implantable contraceptive capsules
11977 Removal with reinsertion, implantable contraceptive
 capsules

Other Grafts

15775 Punch graft for hair transplant
15776 Punch graft for hair transplant

Miscellaneous Procedures

15780 Dermabrasion, total face
15781 Dermabrasion, segmental, face
15782 Dermabrasion, regional, other than face
15783 Dermabrasion, superficial, any site
15786 Abrasion, single lesion
15787 Abrasion, each additional four lesions or less
15790 Superficial chemical peel, total face
15791 Superficial chemical peel, regional
15810 Salabrasion, 20 sq cm or less
15811 Salabrasion, over 20 sq cm
15819 Cervicoplasty
15820 Blepharoplasty, lower lid

15821 Blepharoplasty, lower eyelid, herniated fat pad
15822 Blepharoplasty, upper eyelid
15823 Blepharoplasty, upper eyelid
15824 Rhytidectomy, forehead
15825 Rhytidectomy, neck
15826 Rhytidectomy, frown lines
15828 Rhytidectomy, cheek, chin and neck
15829 Rhytidectomy
15831 Excision, excessive skin, abdomen
15832 Excision, excessive skin, thigh
15833 Excision, excessive skin, leg
15834 Excision, excessive skin, hip
15835 Excision, excessive skin, buttock
15836 Excision, excessive skin, arm
15837 Excision, excessive skin, forearm and hand
15838 Excision, excessive skin, submental fat pad
15839 Excision, excessive skin
15840 Graft for facial nerve paralysis, free fascia graft
15841 Graft for facial nerve paralysis, free muscle graft
15842 Graft for facial nerve paralysis, by microsurgery
15845 Graft for facial nerve paralysis, regional muscle transfer
15850 Removal of sutures under anesthesia, same surgeon
15851 Removal of sutures under anesthesia, other surgeon
15852 Dressing change under anesthesia
15860 I.V. injection of agent to test blood flow in flap
15876 Suction assisted lipectomy, head and neck
15877 Suction assisted lipectomy, trunk
15878 Suction assisted lipectomy, arm
15879 Suction assisted lipectomy, leg

Destruction

17360 Chemical exfoliation for acne
17380 Electrolysis
17999 Unlisted procedure, skin, mucous membrane

BREAST

Excision

19110 Nipple exploration
19140 Mastectomy for gynecomastia

Repair and Reconstruction

19316 Mastopexy
19324 Mammoplasty, augmentation, no implant
19325 Mammoplasty, augmentation, with implant
19328 Removal of intact mammary implant

| | |
|-------|---|
| 19340 | Immediate insertion of breast prosthesis after mastectomy |
| 19342 | Delayed insertion of breast prosthesis after mastectomy |
| 19350 | Nipple/areola reconstruction |
| 19355 | Correction inverted nipples |
| 19357 | Breast reconstruction |
| 19361 | Breast reconstruction |
| 19362 | Breast reconstruction |
| 19364 | Breast reconstruction, free flap |
| 19366 | Breast reconstruction, other technique |
| 19370 | Open periprosthetic capsulotomy, breast |
| 19371 | Periprosthetic capsulectomy, breast |
| 19380 | Revision reconstructed breast |
| 19396 | Preparation, moulage for custom breast implant |
| 19499 | Unlisted procedure, breasts |

*Refer to Chapter XI, Section 14.

Grafts (or Implants)

| | |
|-------|--|
| 20910 | Cartilage graft, costochondral |
| 20912 | Cartilage graft, nasal septum, Non-emergency |
| 20920 | Fascia lata graft, by stripper - Non-emergency |
| 20926 | Tissue graft |

HEAD

Excision

| | |
|-------|--|
| 21029 | Removal by contouring, benign tumor, facial bone |
| 21050 | Condylectomy, temporomandibular joint |
| 21060 | Meniscectomy, temporomandibular joint |
| 21070 | Coronoidectomy |

Introduction or Removal

| | |
|-------|--|
| 21079 | Impression/custom preparation, interium obturator prosthesis |
| 21080 | Impression/custom preparation, definitive obturator prosthesis |
| 21081 | Impression/custom preparation, mandibular resection prosthesis |
| 21082 | Impression/custom preparation, augmentation prosthesis |
| 21083 | Impression/custom preparation, palatal prosthesis |
| 21084 | Impression/custom preparation, speech aid prosthesis |
| 21085 | Impression/custom preparation, oral surgical splint |
| 21086 | Impression/custom preparation, auricular prosthesis |
| 21087 | Impression/custom preparation, nasal prosthesis |
| 21088 | Impression/custom preparation, facial prosthesis |
| 21089 | Unlisted maxillofacial prosthetic procedure |
| 21116 | Injection procedure, temporomandibular arthrography |

Repair, Revision, or Reconstruction

21120 Genioplasty, augmentation
21121 Genioplasty, augmentation, sliding osteotomy, single
21122 Genioplasty, augmentation, sliding osteotomy, two or
more
21123 Genioplasty, augmentation, sliding osteotomy, with bone
grafts
21125 Augmentation, mandibular body or angle, prosthetic
procedure
21127 Augmentation, mandibular body or angle; with bone
graft, onlay or interpositional
21137 Reduction forehead, contouring only
21138 Reduction forehead, contouring and application of
prosthetic material or bone graft
21139 Reduction forehead, contouring and setback anterior
frontal sinus wall
21198 Osteotomy, mandible, segmental
21208 Osteotomy, facial bones, augmentation
21209 Osteotomy, facial bones, reduction
21210 Graft, bone, nasal maxillary and malar areas
21240 Arthroplasty, temporomandibular, obtaining graft
21242 Arthroplasty, temporomandibular joint, allograft
21243 Arthroplasty, temporomandibular joint, prothetic joint
21244 Reconstruction mandible, extraoral
21245 Reconstruction mandible/maxilla, partial
21247 Reconstruction mandibular condyle, with bone/cartilage
autografts
21248 Reconstruction mandible/maxilla, partial
21249 Reconstruction mandible/maxilla, complete
21255 Reconstruction zygomatic arch/glenoid fossa,
bone/cartilage
21295 Reduction masseter muscle/bone, extraoral approach
21296 Reduction masseter muscle, intraoral approach

NECK (SOFT TISSUE) AND THORAX

Repair, Revision or Reconstruction

21740 Reconstructive repair, pectus excavatum or carinatum

FOOT

Repair, Revision or Reconstruction

28286 Hammertoe operation, for cock-up fifth toe
28340 Reconstruction, toe, macrodactyly, soft tissue
resection

28341 Reconstruction, toe, macrodactyly, requiring bone
resection
28344 Reconstruction, toe, polydactyly
28345 Reconstruction, toe, syndactyly, with or without skin
grafts, each web
28360 Reconstruction, cleft foot

ARTHROSCOPY

29800 Arthroscopy, temporomandibular joint, diagnostic
29804 Arthroscopy, temporomandibular joint, surgical

RESPIRATORY SYSTEM

NOSE

Introduction

30200 Injection into turbinates
30210 Displacement therapy
30220 Insertion nasal septal prosthesis

Repair

30400 Rhinoplasty
30410 Rhinoplasty
30420 Rhinoplasty
30430 Rhinoplasty, secondary, minor revision
30435 Rhinoplasty, secondary, intermediate revision
30450 Rhinoplasty, secondary, major revision
30460 Rhinoplasty for nasal deformity, secondary
30462 Rhinoplasty for nasal deformity, secondary including
columellar lengthening
30520 Septoplasty or submucous resection
30560 Lysis intranasal synechia
30600 Repair fistula, oronasal
30620 Reconstruction, functional, internal nose

CARDIOVASCULAR SYSTEM

HEART AND PERICARDIUM

Miscellaneous

33930 Donor cardiectomy-pneumonectomy
33935 Heart-lung transplant
33940 Donor cardiectomy
33945 Heart transplant
33960 Prolonged extracorporeal circulation for
cardiopulmonary insufficiency

ARTERIES AND VEINS

Venous

- 36468 Single or multiple injections of sclerosing solutions, limb or trunk
- 36469 Single or multiple injections of sclerosing solutions, face
- 36470 Injection of sclerosing solution, single vein
- 36471 Injection of sclerosing solution, multiple veins
- 36522 Photopheresis, extracorporeal

HEMIC AND LYMPHATIC SYSTEMS

BONE MARROW TRANSPLANTATION SERVICES

- 38230 Bone marrow harvesting for transplantation
- 38240 Bone marrow transplantation; allogenic
- 38241 Bone marrow transplantation; autologous

DIGESTIVE SYSTEM

LIPS

- 40500 Vermilionectomy, with mucosal advancement

TONGUE, FLOOR OF MOUTH

Other Procedures

- 41520 Frenoplasty

PHARYNX, ADENOIDS, AND TONSILS

Excision

- 42860 Excision tonsil tags

STOMACH

Suture

- 43842 Gastroplasty, vertical-banded, for morbid obesity
- 43843 Gastroplasty, other than vertical-banded, for morbid obesity
- 43844 Gastric bypass for morbid obesity
- 43846 Gastric bypass, Roux-en-Y gastroenterostomy for obesity
- 43885 Anterior gastropexy for hiatal hernia
- 43999 Unlisted procedure, stomach

URINARY SYSTEM

KIDNEY

Renal Transplantation

50300 Donor nephrectomy, from cadaver donor
50320 Donor nephrectomy, from living donor, unilateral
50340 Recipient nephrectomy
50360 Renal homotransplantation
50365 Renal transplantation with recipient nephrectomy
50380 Renal autotransplantation, reimplantation

MALE GENITAL SYSTEM

PENIS

Excision

54110 Excision, penile plaque
54111 Excision, penile plaque, with graft to 5 cm
54112 Excision, penile plaque, with graft greater than 5 cm

Introduction

54200 Injection procedure Peyronie disease
54205 Injection procedure Peyronic disease, surgical exposure
of plaque
54220 Irrigation corpora cavernosa priapism
54230 Injection procedure corpora cavernosography
54235 Injection corpora cavernosa
54240 Penile plethysmography
54250 Nocturnal penile tumescence test

Repair

54340 Repair of hypospadias complications, simple
54360 Plastic operation on penis to correct angulation
54400 Insertion penile prosthesis, non-inflatable
54401 Insertion penile prosthesis, inflatable
54402 Removal/replacement of non-inflatable/inflatable penile
prosthesis
54405 Insertion inflatable penile prosthesis
54407 Removal/repair/replacement inflatable penile prosthesis
54409 Surgical correction abnormality inflatable penile
prosthesis

TESTIS

Repair

54660 Insertion testicular prosthesis

EPIDIDYMIS

Repair

54900 Epididymovasostomy, anastomosis epididymis to vas
deferens

54901 Epididymovasostomy, anastomosis epididymis to vas
deferens

Excision

55250 Vasectomy

Introduction

55300 Vastotomy

Repair

55400 Vasovasostomy, vasovasorrhaphy

Suture

55450 Ligation vas deferens

PROSTATE

Incision

55870 Electrocjaculation

INTERSEX SURGERY

55970 Intersex surgery, male to female

55980 Intersex surgery, female to male

FEMALE GENITAL SYSTEM

VULVA AND INTROITUS

Incision

56441 Lysis of labial adhesions

Excision

56720 Hymenotomy, simple incision

Repair

56800 Plastic repair of introitus

VAGINA

Excision

57130 Excision vaginal septum

Introduction

57170 Diaphragm fitting

Repair

57291 Construction artificial vagina

57292 Construction artificial vagina, with graft

Manipulation

57400 Dilation vagina under anesthesia

CORPUS UTERI

Introduction

58300 Insertion intrauterine device

58311 Artificial insemination

58340 Injection procedure hysterosalpingography

58345 Transcervical introduction of fallopian tube catheter

58350 Hydrotubation oviduct

Repair

58540 Hysteroplasty, repair uterine anomaly

OVIDUCT

Incision

58600 Ligation/transection fallopian tubes

58607 Transection fallopian tube, minilaparotomy

58611 Ligation/Transection fallopian tubes

Repair

58750 Tubotubal anastomosis
58752 Tubouterine implantation
58760 Fimbrioplasty
58770 Salpingostomy

OVARY

58825 Transposition, ovary

In Vitro Fertilization

58970 Oocyte retrieval
58972 Culture of oocyte
58974 Embryo transfer
58976 Gamete or zygote transfer

NERVOUS SYSTEM

Neurostimulators, Intracranial

61850 Burr holes, implantation neurostimulator electrodes
61855 Burr holes, implantation neurostimulator electrodes
61860 Craniectomy, implantation neurostimulator electrodes
61865 Craniectomy, implantation neurostimulator electrodes
61870 Craniectomy, implantation neurostimulator electrodes
61875 Craniectomy, implantation neurostimulator electrodes
61880 Revision/removal intracranial neurostimulator
electrodes
61885 Incision and subcutaneous placement/cranial
neurostimulator
61888 Revision or removal/cranial neurostimulator

Neurostimulators, Spinal

63650 Percutaneous implantation neurostimulator electrodes
63655 Laminectomy, implantation neurostimulator electrodes
63657 Laminectomy, implantation neurostimulator electrodes
63685 Incision/subcutaneous placement neurostimulator
generator/receiver
63688 Revision/removal spinal neurostimulator
generator/receiver

Neurostimulators, Peripheral Nerve

64553 Percutaneous implantation neurostimulator electrodes
64555 Percutaneous implantation neurostimulator electrodes
64560 Percutaneous implantation neurostimulator electrodes
64565 Percutaneous implantation neurostimulator electrodes

64573 Percutaneous implantation neurostimulator electrodes
64575 Percutaneous implantation neurostimulator electrodes
64577 Percutaneous implantation neurostimulator electrodes
64580 Percutaneous implantation neurostimulator electrodes
64585 Revision/removal peripheral neurostimulator electrodes
64590 Incision/subcutaneous placement neurostimulator
generator/receiver
64595 Revision/removal peripheral neurostimulator
generator/receiver

EYE AND OCULAR ADNEXA

EYEBALL

Secondary Implant Procedures

65125 Modification of ocular implant

ANTERIOR SEGMENT - CORNEA

Removal or Destruction

65600 Tattoo cornea

Other Procedures

65760 Keratomileusis
65765 Keratophakia
65767 Epikeratoplasty
65770 Keratoprosthesis
65771 Radial keratotomy
65772 Corneal relaxing incision
65775 Corneal wedge resection

ANTERIOR SEGMENT - LENS

Incision

66820 Excision secondary membranous cataract, stab incisional
66821 Excision secondary membranous cataract, laser surgery

Removal Cataract

66852 Removal lens material, pars plana approach
66983 Intracapsular cataract extraction/insertion intraocular
lens
66985 Insertion/exchange intraocular lens not associated with
concurrent cataract removal
66999 Unlisted procedure, anterior segment of eye

Ocular Adnexa - Extraocular Muscles

67311 Strabismus surgery, one horizontal muscle
67312 Strabismus surgery, two horizontal muscle
67314 Strabismus surgery, one vertical muscle
67316 Strabismus surgery, two or more vertical muscles
67318 Strabismus surgery, superior oblique muscle
67320 Transposition extraocular muscle
67325 Botulinum injection for strabismus
67331 Strabismus surgery on patient with previous surgery
67332 Strabismus surgery on patient with scarring
67334 Strabismus surgery, posterior fixation suture, with or without muscle recession
67335 Placement of adjustable suture, strabismus surgery
67340 Strabismus surgery, exploration, repair detached extraocular muscle
67343 Release extensive scar tissue without detaching extraocular muscle
67345 Chemodenervation of extraocular muscle

OCULAR ADNEXA - ORBIT

Other Procedures

67560 Orbital implant, removal/revision

OCULAR ADNEXA - EYELIDS

67720 Botulinum injection for blepharospasm

Repair of Brow Ptosis, Blepharoptosis, Lid Retraction

67901 Repair, blepharoptosis; frontalis muscle technique, suture
67902 Repair, blepharoptosis; frontalis muscle technique, facial sling
67903 Repair, blepharoptosis; levator resection/advancement, internal
67904 Repair, blepharoptosis; levator resection/advancement, external
67906 Repair, blepharoptosis; superior rectus technique, facial sling
67908 Repair, blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection
67909 Reduction, overcorrection of ptosis
67911 Correction, lid retraction

Reconstructive Surgery, Blepharpharoplasty Involving More Than Skin

67950 Canthoplasty
67971 Reconstruction, eyelid, up to two thirds of eyelid
67973 Reconstruction, eyelid, total eyelid, lower
67974 Reconstruction, eyelid, total eyelid, upper
67975 Reconstruction, eyelid, second stage

OCULAR ADNEXA - LACRIMAL SYSTEM

Repair

68700 Plastic repair of canaliculi
68705 Correction everted punctum, cautery
68745 Conjunctivorhinostomy, without tube
68750 Conjunctivorhinostomy, insertion of tube
68760 Closure lacrimal punctum
68761 Closure lacrimal punctum, by plug, each

Probing and Related Procedures

68825 Probing nasolacrimal duct, requiring anesthesia
68830 Probing nasolacrimal duct, tube insertion
68840 Probing lacrimal canaliculi
68850 Injection contrast medium for dacryocystography

AUDITORY SYSTEM

EXTERNAL EAR

Incision

69090 Ear piercing

Excision

69140 Excision exostosis
69145 Excision soft tissue lesion

THERAPEUTIC RADIOLOGY

Hyperthermia

77600 Hyperthermia, superficial
77605 Hyperthermia, deep
77610 Hyperthermia generated by interstitial probe, 5 or fewer applicators
77615 Hyperthermia generated by interstitial probe, more than 5 applicators
77620 Hyperthermia generated by intracavitary probe

CHEMISTRY AND TOXICOLOGY

82757 Fructose, semen

TRANSFUSION MEDICINE

86910* Blood typing; for paternity testing, ABO, Rh and MN,
 per individual
86911* Blood typing; for paternity testing, each additional
 antigen system
86915 Bone marrow, modification or treatment to eliminate
 cell (e.g., T-cells, metastatic carcinoma)
86985 Splitting of blood or blood products, each unit

*The Bureau cooperates with court ordered paternity testing by collecting samples for testing by private laboratories as ordered by the court. The Bureau **does not** pay for these tests.

SURGICAL PATHOLOGY

88356 Tissue hybridization

MISCELLANEOUS

89300 Semen analysis
89310 Semen analysis
89320 Semen analysis
89325 Sperm antibodies
89329 Sperm evaluation
89330 Sperm evaluation

IMMUNIZATION INJECTIONS

90728 Immunization, BCG

BIOFEEDBACK (this pertains to Health Services only)

90900 Biofeedback training, electromyogram application
90902 Biofeedback training, in conduction disorder
90904 Biofeedback training, regulation of blood pressure
90906 Biofeedback training, regulation of skin temperature
90908 Biofeedback training, electroencephalogram application
90910 Biofeedback training, electro-oculogram application
90915 Biofeedback training, other

OPHTHALMOLOGY

Special Ophthalmological Services

92065 Orthoptic/pleoptic training

Contact Lens Services

92326 Replacement of contact lens

Supply of Materials

92391 Supply of contact lens, except prosthesis for aphakia
92393 Supply of ocular prosthesis
92395 Supply of permanent prosthesis for aphakia, spectacles
92326 Supply of permanent prosthesis for aphakia, contact
lens

CARDIOVASCULAR

Other Vascular Studies

93720 Plethysmography, total body
93721 Plethysmography, total body
93722 Plethysmography, total body

Other Vascular Studies

93784 Ambulatory blood pressure monitoring
93786 Ambulatory blood pressure monitoring, recording
93788 Ambulatory blood pressure monitoring, scanning analysis
93784 Ambulatory blood pressure monitoring, physician review
93797 Physician services, outpatient cardiac rehab, without
continuous ECG
93798 Physician services, outpatient cardiac rehab, with
continuous ECG

ALLERGY AND CLINICAL IMMUNOLOGY

Allergy Testing

95078 Provocative test

Other Medical Services

95105 Medical conference services for allergy

Allergen Immunotherapy

95117 Professional services for allergen immunotherapy
95120 Professional services for allergen immunotherapy
95125 Professional services for allergen immunotherapy

| | |
|-------|--|
| 95130 | Professional services for allergen immunotherapy |
| 95131 | Professional services for allergen immunotherapy |
| 95132 | Professional services for allergen immunotherapy |
| 95133 | Professional services for allergen immunotherapy |
| 95134 | Professional services for allergen immunotherapy |
| 95135 | Professional services for allergen immunotherapy |
| 95140 | Professional services for allergen immunotherapy |
| 95145 | Professional services for allergen immunotherapy |
| 95146 | Professional services for allergen immunotherapy |
| 95147 | Professional services for allergen immunotherapy |
| 95148 | Professional services for allergen immunotherapy |
| 95149 | Professional services for allergen immunotherapy |
| 95150 | Professional services for allergen immunotherapy |
| 95155 | Professional services for allergen immunotherapy |
| 95170 | Professional services for allergen immunotherapy |

SPECIAL SERVICES AND REPORTS

Critical Care

99164 Extracorporeal Membrane Oxygenation (ECMO)

Other Services

| | |
|-------|---|
| 99185 | Hypothermia, regional |
| 99186 | Hypothermia, total body |
| 99190 | Assembly and operation of pump with oxygenator or heat exchanger, each hour |
| 99191 | Assembly and operation of pump with oxygenator or heat exchanger, 3/4 hour |
| 99192 | Assembly and operation of pump with oxygenator or heat exchanger, 1/2 hour |

DENTAL EXCLUSIONS

RESTORATIVE

Gold Foil Restorations

| | |
|-------|--------------------------|
| 02410 | Gold foil-one surface |
| 02420 | Gold foil-two surfaces |
| 02430 | Gold foil-three surfaces |

ENDODONTICS

Periapical Services

03460 Endodontic endosseous implant

MAXILLOFACIAL PROSTHETICS

05913 Nasal prosthesis
05914 Auricular prosthesis
05915 Orbital prosthesis
05916 Ocular prosthesis
05919 Facial prosthesis
05922 Nasal septal prosthesis
05923 Ocular prosthesis, interim
05924 Cranial prosthesis
05925 Facial augmentation implant prosthesis
05926 Nasal prosthesis, replacement
05927 Auricular prosthesis, replacement
05928 Orbital prosthesis, replacement
05929 Facial prosthesis, replacement
05931 Obturator prosthesis, surgical
05932 Obturator prosthesis, definitive
05933 Obturator prosthesis, modification
05934 Mandibular resection prosthesis with guide flange
05935 Mandibular resection prosthesis without guide flange
05936 Obturator prosthesis, interim
05937 Trismus appliance (not for TMD treatment)
05951 Feeding aid
05952 Speech aid prosthesis, pediatric
05953 Speech aid prosthesis, adult
05954 Palatal augmentation prosthesis
05955 Palatal lift prosthesis, definitive
05958 Palatal lift prosthesis, interim
05959 Palatal lift prosthesis, modification
05960 Speech aid prosthesis, modification
05982 Surgical stent
05983 Radiation carrier
05984 Radiation shield
05985 Radiation cone locator
05999 Unspecified maxillofacial prosthesis, by report

IMPLANT SERVICES

06040 Subperiosteal implant
06050 Transosseous implant
06055 Implant connecting bar
06090 Repair implant, by report
06199 Unspecified implant procedure, by report

PROSTHODONTICS, FIXED

Bridge Pontics

06210 Pontic-cast high noble metal
06211 Pontic-cast predominantly base metal
06212 Pontic-cast noble metal

| | |
|-------|--|
| 06240 | Pontic-porcelain fused to high noble metal |
| 06241 | Pontic-porcelain fused to predominantly base metal |
| 06242 | Pontic-porcelain fused to noble metal |
| 06250 | Pontic-resin with high noble metal |
| 06251 | Pontic-resin with predominantly base metal |
| 06252 | Pontic-resin with noble metal |

Retainers

06520 Inlay-metallic-two surfaces
06530 Inlay-metallic-three or more surfaces
06540 Onlay-metallic-per tooth (in addition to inlay)

Bridge Retainers Crowns

06720 Crown-resin with high noble metal
06721 Crown-resin with predominantly base metal
06750 Crown-porcelain fused to high noble metal
06751 Crown-porcelain fused to predominantly base metal
06752 Crown-porcelain fused to noble metal
06780 Crown-3/4 cast high noble metal
06790 Crown-full cast high noble metal
06791 Crown-full case predominantly base metal
06792 Crown-full cast noble metal

ORAL SURGERY

Other Surgical Procedures

07291 Transseptal fiberotomy

Excision of Bone Tissue

07480 Partial ostectomy (gutting or saucerization)
07490 Radical resection of mandible with bone graft

Reduction of Dislocation and Management of Other
Temporomandibular Joint Dysfunctions

07840 Condylectomy
07850 Surgical discectomy; with/without implant
07852 Disc repair
07854 Synvectomy
07856 Myotomy
07858 Joint reconstruction
07860 Arthrotomy
07865 Arthroplasty
07870 Arthrocentesis
07872 Arthroscopy-diagnosis, with or without biopsy
07873 Arthroscopy-surgical
07874 Arthroscopy-surgical: disc repositioning and
stabilization
07875 Arthroscopy-surgical: synovectomy
07876 Arthroscopy-surgical: discectomy
07877 Arthroscopy-surgical: disbridement

Other Repair Procedures

07920 Skin grafts (identify defect covered, location, and
type of graft)
07940 Osteoplasty-for orthognathic deformities
07941 Osteotomy-ramus, closed
07942 Osteotomy-ramus, open
07943 Osteotomy-ramus, open with bone graft
07944 Osteotomy-segmented or subapical-per sextant or
quadrant
07945 Osteotomy-body of mandible
07991 Coronoidectomy
07993 Implant-facial bones (homologous, heterologous, or
alloplastic)
07994 Implant-other than facial bones

ORTHODONTICS

Interceptive Orthodontic Treatment

08360 Removable appliance therapy
08370 Fixed appliance therapy

Comprehensive Orthodontic Treatment - Transitional
Dentition

08460 Class I malocclusion
08470 Class II malocclusion
08480 Class III malocclusion

Comprehensive Orthodontic Treatment-Permanent Dentition

08560 Class I malocclusion
08570 Class II malocclusion
08580 Class III malocclusion

Other Orthodontic Services

08650 Treatment of the atypical or extended skeletal case
08750 Posttreatment stabilization
08999 Unspecified orthodontic procedure by report

ADJUNCTIVE GENERAL SERVICES

Miscellaneous

09941 Fabrication of athletic mouthguards

CHAPTER III: LABORATORY AND PATHOLOGY SERVICES

Section 1. Introduction

Medical laboratory services shall be regularly and conveniently available to meet the needs of patients at all Bureau facilities. The extent of services will vary, and is determined based on consultation between the Medical Director and the medical staff at each institution. Laboratory services shall be classified into one of three categories; each institution's category shall reflect its mission, the inmate population, needs of the medical service, and available resources (i.e., time, manpower, and training). The Medical Director shall make the initial designation of a laboratory category upon the opening of an institution. Institutions currently operational may petition the Medical Director for review of current classification. Only upon the Medical Director's approval may laboratory services be increased or reduced. It is desirable to have as comprehensive laboratory services as possible available at each institution.

Section 2. Bureau Laboratory Services and Classifications

In accordance with the Clinical Laboratory Improvement Act of 1988, (CLIA), all Bureau institution laboratories must meet strict laboratory testing standards. The Bureau's laboratories are subject to inspection by surveyors from the Health Care Financing Administration (HCFA).

The regulations and guidelines HCFA utilizes are complex and very technical. The current literature on the HCFA surveys can be obtained from the Health Services Division, Central Office.

Institution Classification Categories - this listing is issued by the Medical Director. A complete listing of each institution's classification can be obtained from the Health Services Division, Central Office.

- ! Classification Category: Waived
- ! Classification Category: Moderate Complexity
- ! Classification Category: High Complexity

Institutions may not increase or reduce basic laboratory programs beyond their approved categorization. Required laboratory studies that cannot be done at the institution shall be submitted to an approved reference laboratory or local hospital laboratory. Laboratories shall be staffed by qualified personnel such as medical technologists, medical laboratory technicians, and other trained paraprofessional staff. Staff shall be able to perform routine tests within the laboratory's current classification category:

a. Laboratory Services Provided:

(1) **Classification Category: Waived**

- Specimen Collection
- Specimen Processing for referral to Reference Laboratories, Local Community Hospital Laboratories, and Commercial Contract Laboratories

Bureau Reference Laboratories: MCFP Springfield, FMC Rochester, other government agencies through Interagency Agreement

(a) Waived Tests:

- (i) Dipstick or tablet reagent urinalysis (nonautomated) for the following: bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, PH, protein, specific gravity, urobilinogen
- (ii) Fecal occult blood
- (iii) Ovulation test - visual color comparison tests
- (iv) Urine pregnancy tests - visual color comparison tests
- (v) Erythrocyte sedimentation rate, nonautomated
- (vi) Hemoglobin - copper sulfate, nonautomated
- (vii) Spun microhematocrit
- (viii) Blood glucose, with monitoring devices cleared by the Food and Drug Administration, specifically for home use

(2) **Classification Category; Moderate Complexity**

- Specimen Collection
- Specimen Processing for referral to Reference Laboratories, local community hospital laboratories, commercial laboratories.

Bureau Reference Laboratories: MCFP Springfield, FMC Rochester, other government agencies through Interagency Agreement.

(a) Waived tests as defined in Classification Category Waived, Moderate Complexity tests as defined by CLIA 88 regulations and updates.

(3) **Classification Category: High Complexity**

- Specimen Collection
- Specimen Processing for referral to reference laboratories, local community hospital laboratories, and commercial laboratories.

Bureau Reference Laboratories: MCFP Springfield, FMC Rochester, other government agencies through Interagency Agreement.

- (a) Waived tests as defined in Classification Category Waived.
- (b) Moderate Complexity tests as defined by CLIA 88 regulations and updates.
- (c) High complexity tests as defined by CLIA 88 regulations and updates.
- (d) College of American Pathologists (CAP) accredited.

b. Laboratory Service Definitions

- Specimen Collection - procedures to include: anticoagulant and/or additive for required analysis, venipuncture, capillary puncture, collection of urine specimens for urinalysis and chemistry analysis, collection of parasitology specimens (feces and blood), collection of bacteriology specimens of culture and specimen preparation information for procedures referred to Reference Laboratories.

- Specimen Processing - procedures to include: specimen preservation, specimen separation and transportation instructions for procedures referred to Reference Laboratories.

- Institution laboratories will use Bureau Reference Laboratories to the extent possible and practical for the performance of routine laboratory analysis. The institutions are: MCFP Springfield and FMC Rochester

c. Personnel Requirements and Responsibilities:

(1) Category Waived

- (a) Laboratory Director - no requirements
- (b) Technical Consultant - no requirements
- (c) Clinical Consultant - no requirements
- (d) Testing Personnel - no requirements

(2) Category Moderate Complexity

(a) Laboratory Director. The laboratory director, if qualified, may perform the duties of the technical consultant, clinical consultant, and testing personnel, but can direct no more than five laboratories. Individuals with the following qualifications may be laboratory directors:

- (i) Pathologist
- (ii) Other licensed MD or DO with:
 - one year experience directing/supervising non-waived tests; or
 - by August 1993, have at least 20 CME credit hours in laboratory practice commensurate with director responsibilities; or
 - laboratory training during residency equivalent to above (b), or certification in hematology or hematology/oncology.
- (iii) PhD in science with:
 - laboratory related board certification; or
 - one year full-time experience supervising non-waived testing.
- (iv) Master's in science with:
 - one year laboratory training or experience; and
 - one year supervisory experience.
- (v) Bachelor's in science with:
 - two years laboratory training or experience; and
 - two years supervisory experience.
- (vi) On or before February 28, 1992, qualified or could have qualified as a laboratory director under March 14, 1990, Medicare/CLIA 67 rules; or
- (vii) On or before February 28, 1992, qualified under state law to direct a laboratory in the state.

(b) Technical Consultant. The technical consultant is responsible for the technical and scientific oversight of the laboratory. Technical consultant requirements for laboratory training or experience may be acquired concurrently in more than one of the specialties (e.g., the pathologist or medical technologist with experience can consult in each specialty). The technical consultant is not required to be on-site at all times, but must be available to the laboratory on an as needed basis. Individuals with the following qualifications may be technical consultants:

- (i) Pathologist;
- (ii) Other MD or DO with one year of laboratory training or experience in the specialty or subspecialty for which they are responsible;
- (iii) PhD or Master's degree in science and one year laboratory training or experience in specialty for which they are responsible; or
- (iv) Bachelor's degree in science or medical technology with two years laboratory training or experience in the specialty for which they are responsible.

(c) Clinical Consultant. The clinical consultant provides consultation to the laboratory's clients concerning the diagnosis, treatment, and management of patient care including appropriateness of testing ordered. The clinical consultant shall prepare a written report after each visit to the institution. Individuals with the following qualifications may be clinical consultants:

- (i) MD, DO, or PhD who qualifies as a laboratory director; or
- (ii) Licensed MD or DO.

(d) Testing Personnel. Testing personnel must be at least a high school graduate or equivalent with "documented training" appropriate for the testing performed by the laboratory. Knowledge about specimen collection, proper instrument use, and the assessment of validity of patient test results is required.

(3) Category High Complexity

(a) Laboratory Director. Individuals with the following qualifications may be a laboratory director:

- (i) Pathologist;
- (ii) Other MD or DO with:
 - one year laboratory training or residency (e.g., physicians with board certification in hematology); or
 - two years experience directing or supervising high complexity testing.
- (iii) PhD with:
 - certification in one of the laboratory specialties; or
 - until September 1994, have two years laboratory training or experience, and two years experience directing or supervising high complexity testing. By the end of two years must become board-certified; or

- (iv) On or before February 28, 1992, be serving as a laboratory director and previously qualified or could have qualified under March 14, 1990 rules (Medicare/CLIA 67).
- (v) On or before February 28, 1992, qualified under state law to direct a laboratory in the state.

(b) Technical Supervisor. The laboratory must employ one or more individuals qualified by education and either training or experience to provide technical supervision for each of the specialties and subspecialties of service in which the laboratory performs high complexity testing. Requirements for laboratory training or experience in each of the specialties or subspecialties may be acquired concurrently. The technical supervisor is not required to be on-site at all times but must be available to laboratory as needed. Time in the laboratory must be adequate to supervise the technical operation.

If the pathologist director is not board certified (or eligible for certification) in both anatomic and clinical pathology and the laboratory performs tests in the specialties of Microbiology (bacteriology, mycobacteriology, mycology, parasitology, virology), Diagnostic Immunology, Chemistry, Hematology, and Radiobioassay, the qualifications for technical supervisor are:

- (i) Pathologist, board certified or eligible for certification in clinical pathology; or
- (ii) Other MD or PhD in science with one year laboratory training or experience within the specialty (e.g. Microbiology), with at least six months of experience in the applicable subspecialty (e.g., bacteriology, mycology).
- (iii) Master's degree in science with two years laboratory experience or training in the specialty and a minimum of six months spent acquiring proficiency in the applicable subspecialty: or
- (iv) Bachelor's degree in science with four years training or experience in the specialty, with a minimum of six months experience in the applicable subspecialty.

(c) Clinical Consultant. The clinical consultant provides consultation on appropriateness of tests ordered and interpretation of test results. Individuals with the following qualifications may be clinical consultants:

- (i) MD, DO, or PhD qualified as a laboratory director for high complexity testing; or
- (ii) Licensed MD or DO.

(d) General Supervisor. The general supervisor must be accessible to testing personnel at all times testing is performed and provide on-site supervision of testing personnel and reporting of test results.

For blood gas analysis, the general supervisor must have at least a bachelor's degree in respiratory therapy and one year of training or experience; or have an associate degree related to pulmonary function and two years of training or experience. Individuals with the following qualifications may be a general supervisor.

- (i) MD, DO, or PhD, master's, or bachelor's degree in science and with one year of laboratory training or experience in high complexity testing;
- (ii) Associate degree in a laboratory science or medical laboratory technology and two years laboratory training or experience in high complexity testing; or
- (iii) Previously qualified or could have qualified as a general supervisor under March 14, 1990 rules (Medicare/CLIA 67) on or before February 28, 1992.

(e) Testing Personnel. Individuals with the following qualifications may be testing personnel:

- (i) MD, DO, or PhD, master's degree or bachelor's degree in science;
- (ii) Associate degree in laboratory science;
- (iii) Previously qualified or could have qualified as a technologist under March 14, 1990 rules (Medicare/CLIA 67) on or before February 28, 1992;
- (iv) Until September 1, 1997, individuals with a high school diploma or equivalent and documented training appropriate for the testing performed are qualified;
- (v) For blood gas analysis, within five years either be number one or number two (above) or bachelor's degree in respiratory therapy or associate degree related to pulmonary function;
- (vi) For histopathology, tissue examinations must be performed by an MD or DO certified in anatomic pathology (or eligible for certification). For dermatopathology, an MD or DO certified in dermatopathology or dermatology can also perform examinations; and

- (vii) There shall be sufficient qualified personnel with documented training and experience to conduct the work of the laboratory as specified by the current Classification Category.

A registered Medical Technologist (GS-644) or Medical Laboratory Technician (GS-645) is advisable as a member of each facility's medical staff; however, this is not always possible. Therefore, Physician Assistants/Nurse Practitioners shall be able to perform routine laboratory tests. Such functions require a working knowledge of the principles, procedures, and concepts of the full range of laboratory procedures for that institution. They should also have a working knowledge of potential sources of error for each procedure performed. When the services of a qualified Medical Technologist are obtained, the individual shall be a graduate of a medical technology program approved by a nationally recognized body, or have equivalent experience to meet current legal requirements for licensure or registration in the field of clinical laboratory technology.

Section 3. Laboratory Forms

Each laboratory report must provide useful clinical data. It must be legible, accurate, and results must be reported in clearly designated units of measurement. Reference values are to be provided with each laboratory test result. All laboratory tests shall be ordered on the standard forms available through GSA (i.e. SF-557, Miscellaneous).

Forms other than the standard forms may be used, if they are specifically designed for automated equipment. These report forms must meet the above requirements. Reference laboratory reports will contain the name of the laboratory performing the analysis and meet the above requirements.

All laboratory analyses must be ordered in writing (by electronic mail or manual methods), on the appropriate forms. Requests shall include the following information, clearly and legibly typed, stamped or printed:

- a. The patient's full name;
- b. The patient's complete registration number;
- c. The name of the requesting individual;
- d. The full name and address of the institution;
- e. All tests required;
- f. The date and time the specimen was collected, and when relevant, the date and time the specimen reached the laboratory;

g. The urgency with which the test is required. (STAT or Routine);

h. The patient's status (e.g., in-patient, ambulatory, ward restricted, etc.);

i. The source of the specimen (e.g., culture, site, etc.); and

j. The signature of the individual performing and/or reporting the analysis, date and time analysis reported.

Section 4. Required Records & Reports

a. Authenticated, dated reports of all examinations performed by the pathology and medical laboratory services shall be made a part of the patient's health record. The name of the laboratory performing the analysis shall be included on each report and placed in the patient's health record.

b. Diagnosis made from surgical specimens and necropsies shall be expressed in acceptable terminology of a recognized disease nomenclature. Reports of all anatomic and clinical laboratory analysis and examinations performed shall be readily available to the individual ordering the analysis and the health services staff shall ensure that reports are filed promptly in the patient's health record.

c. A physician shall review and initial all laboratory reports prior to filing in the health record.

d. The pathology and medical laboratory services shall maintain a daily accession record of specimens processed and an appropriate system for identification of each. The record shall include at least:

(1) The laboratory and patient identification;

(2) The identification of the practitioner; and the test or evaluation performed.

e. Each facility must develop a suitable system to maintain a record of analyses performed. Required documentation must be properly maintained and easily retrievable, i.e., logs, automated processing system.

f. Duplicate copies of all anatomic, clinical and tissue laboratory tests and examinations performed shall be retained in the laboratory in a readily retrievable manner. Requirements for

record retention are determined by Federal, state and local regulations. All laboratory records and patient reports will be maintained according to the following table:

| <u>Record/Material</u> | <u>Period of Retention</u> |
|---|----------------------------|
| Test requisitions | 2 years |
| Test records | 2 years |
| Immunohematology | 5 years |
| Test reports | 2 years |
| Immunohematology | 5 years |
| Pathology | 10 years |
| Proficiency testing records including attestation statement | 2 years |
| Cytology slides | 5 years |
| Histopathology-stained slides | 10 years |
| Histopathology-specimen blocks | 2 years |

Section 5. Quality Control

There shall be a documented quality control program in effect. The scope of this program shall include all procedures currently performed. Quality control systems and measures of the pathology and medical laboratory services shall be designed to assure the quality and appropriateness of the laboratory service. General quality control required shall include, but not be limited to the following:

a. Medical laboratory services must provide current descriptions of, and instructions for, all analytic methods and procedures. There shall be a complete written description of each test procedure, to include: title, principle, required specimen, patient preparation, reagents, calibration, quality control, step-by-step outline of procedure, calculations, limitations of procedure, references and reporting results. Each procedure (procedure manual) shall be immediately available to the laboratory personnel and shall be reviewed annually by the Health Services Administrator and the Laboratory Director.

b. Preventive maintenance, periodic inspection, and performance testing of all equipment and automated instruments shall be performed and documentation of procedures performed, and maintained. Emergency power shall be available to meet the needs of the medical services provided. The emergency power shall be sufficient to maintain all essential refrigeration, equipment and instruments required for emergency testing.

c. Documented monitoring of temperature controlled instruments shall be performed on a daily basis.

d. Labeling of reagents and solutions shall include: identity, strength, precautions (special handling) information, preparation date, expiration date and initials of person preparing the reagent.

e. Written procedures shall be established for the preparation of patients, and for the collection, preservation, transportation, and receipt of specimens to assure satisfactory specimens are available or utilized for the analysis to be performed.

f. All categories of laboratories shall adhere to the following minimum guidelines as currently mandated by CLIA 88 regulations:

- (1) Follow manufacturer's instructions;
- (2) Calibrate at least once every six months;
- (3) Perform two levels of control daily of testing;
- (4) Perform applicable specialty/subspecialty quality control;
- (5) Perform and document remedial actions;
- (6) Document all quality control activities;
- (7) Verify laboratory serologic test for syphilis (Rapid Plasma Reagin) by appropriate quality controls (three levels, Reactive, Minimally-Reactive and NonReactive) with each patient or group of patient specimens tested. Confirmatory serologic tests for syphilis, are required and shall be referred to an approved reference laboratory for analysis.

Section 6. Proficiency Testing

All moderate and high complexity categorized laboratories will be required to successfully participate in an approved proficiency testing (PT) program. PT program will include triennial shipment of five challenges per analyte. Recommended source for proficiency testing material is the College of American Pathologists (CAP).

Unsuccessful participation includes the following:

- (1) failure to analyze specimens in a (PT) shipment;
- (2) failure to return results within the specified time frame; and
- (3) failure to achieve overall testing scores as defined by CLIA 88.

Section 7. Contract Laboratories

Bureau institutions may utilize community-based consultant laboratories on a contract basis. Current documentation shall be maintained from the contract lab demonstrating certification and availability of services to include a copy of CLIA 88 certification.

Federal, State, County, and Municipal Laboratories. These laboratories, which include the Army, Navy, and Air Force are available in most geographical areas, and may often provide valuable services to institutions. The Health Services Administrators should contact specific health agencies for additional detailed information.

Section 8. Laboratory Standards

a. There shall be sufficient space, equipment, and supplies within the medical laboratory service to perform the required volume of work with optimal accuracy, precision, efficiency, and safety. Equipment and instruments shall be appropriate for the services specified for each classification category. Special precautions shall be taken to avoid unnecessary physical, chemical, and biological hazards. The routine use of laboratory instruments, equipment and the performance of laboratory analysis must be evaluated frequently to ensure quality and appropriate laboratory support is provided to meet the needs of the institution medical service.

b. CLIA 88 regulations shall govern all laboratory testing within the institutions. College of American Pathologists (CAP), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and American Correctional Association (ACA) standards shall be followed to the extent possible in all clinical laboratory classification categories. It is required that Bureau Category High Complexity laboratories maintain CAP accreditation.

Section 9. Laboratory Manuals

a. Laboratory Policy Manual. There shall be a written policy manual for laboratory services. Policy shall include, but not be limited to: staffing, ordering tests and examinations, scheduling of tests, handling of isolation patients, required records and reports, safety, infection control, Chemical Hygiene Plan, OSHA Bloodborne Pathogen Guidelines, and Quality Assurance.

b. Laboratory Procedure Manual. There shall be a written procedure manual for laboratory services. The procedure manual shall include the following:

(1) A written procedure manual for the performance of all analytical methods used by the laboratory must be readily available and followed by laboratory personnel. Textbooks may be used as supplements to these written descriptions, but may not be used in lieu of the laboratory's written procedures for testing or examining specimens.

(2) The procedure manual must include, when applicable to the test procedure:

(a) Requirements for specimen collection and processing, and criteria for specimen rejection;

(b) Procedures for microscopic examinations, including the detection of inadequately prepared slides;

(c) Step-by-step performance of the procedure, including test calculations and interpretation of results;

(d) Preparation of slides, solutions, calibrators, controls, reagents, stains, and other materials used in testing;

(e) Calibration and calibration verification procedures;

(f) The reportable range for patient test results as established or verified;

(g) Control procedures;

(h) Remedial action to be taken when calibration or control results fail to meet the laboratory's criteria for acceptability;

(i) Limitations in methodologies, including interfering substances;

(j) Reference range (normal values);

(k) Imminent life-threatening laboratory results or "panic values";

(l) Pertinent literature references;

(m) Appropriate criteria for specimen storage and preservation to ensure specimen integrity until testing is completed;

(n) The laboratory's system for reporting patient results including, when appropriate, the protocol for reporting panic values;

(o) Description of the course of action to be taken in the event that a test system becomes inoperable; and

(p) Criteria for the referral of specimens including procedures for specimen submission and handling.

(3) Manufacturers' package inserts or operator manuals may be used, when applicable, to meet the requirements of this section. The laboratory must obtain package inserts not provided by the manufacturer.

(4) The director must approve, sign, and date procedures.

(a) Procedures must be re-approved, signed, and dated if the directorship of the laboratory changes.

(b) The current director of the laboratory must approve, sign, and date each change in a procedure.

(c) The laboratory must maintain a copy of each procedure with the dates of initial use and discontinuance. These records must be retained for two years after a procedure has been discontinued.

Section 10. Surgical Pathology

a. Tissue examination - histology/cytology specimens removed during a surgical procedure shall be sent to an approved pathologist for examination. Refer to Chapter IV, Dental Services, for reference regarding dental pathology. All specimens shall be properly labeled, packaged in preservative as designated, and identified as to patient and source, in the operating room at the time of removal.

b. Each specimen shall be accompanied by the appropriate Standard Form (SF-515, "Tissue Examination"), or by the designed tissue examination request the reviewing pathologist provided. It shall have pertinent clinical information, and to the degree specified by the reviewing pathologist. Pre-operative and post-operative diagnosis shall be provided.

c. Receipt by the laboratory of surgically removed specimens for examination shall be documented, and the identity of each patient specimen shall be confirmed by the laboratory and the surgical staff delivering the specimen and throughout shipment, processing and storage of the specimen.

Section 11. Anatomic Pathology and Cytology

Procedures in surgical pathology (Histology~Cytology) and Necropsy (Autopsy) service must be referred to an approved pathologist (consultant pathologist). A board certified clinical pathologist shall examine all specimens referred (Gross and Microscopic) for examination.

Section 12. Blood Transfusion Service

Medical Referral Centers that operate a blood transfusion service shall comply with the following specific requirements:

Under no circumstances will facilities operate a blood bank service (donor collection, blood or blood components processing); services will be strictly limited to transfusion services.

a. Personnel in the transfusion service shall have sufficient training and/or experience and demonstrate technical competence in the performance of immuno-hematologic procedures performed.

b. Current written policies and procedures for the blood transfusion service shall conform to the American Association of Blood Banks, Standards for Blood Banks and Transfusion Services, and shall be readily available. These shall be reviewed at least annually by the Director of the Service and revised as necessary.

c. Blood or blood components shall be stored and handled in such a manner that they retain their maximum efficiency and safety. They shall be properly processed, tested, and labeled.

d. All transfusion service refrigerators used for the routine storage of blood shall maintain a temperature uniformly between 02 degrees C and 08 degrees C. This temperature must be verified by an outside recording thermometer. A standard thermometer of known accuracy shall be placed in an appropriate solution in a visible location within the refrigerator. The proper functioning of the refrigerator shall be constantly monitored by a system of audible and visible alarms (including remote alarms for use when there is no one in attendance) that are either battery operated or powered by a circuit different from that of the refrigerator.

e. There shall be an established procedure for obtaining the required supply of blood and blood components at all times. It shall be documented that stored blood is inspected daily for evidence of hemolysis and for possible bacterial contamination.

f. The source of blood or blood components shall be recommended by the Laboratory Director and approved by the medical and administrative staff. The blood center must be certified by the American Association of Blood Banks (AABB).

g. Required Bench Reference: Health Service Units that operate a blood transfusion service shall have the most recent edition of the AABB Standards and AABB Technical Manual for Blood Banks and Transfusion Services available for reference.

h. If an inmate requests to participate in an autologous blood collection, then the CD must make a determination that the collection is medically necessary. The CD may authorize an autologous blood collection. Costs associated with autologous blood collection (to include escort costs) will be borne by the inmate. The inmate must have the appropriate amount of funds in his account prior to approval of this procedure by the CD.

Section 13. Inmate Workers

Due to the confidentiality and sensitivity of diagnostic test results, inmate workers will not be allowed to work in clinical laboratories, other than in orderly positions and then only under direct supervision.

Refer to Chapter I of the HSM for additional information on inmate workers.

Section 14. Needles and Syringes

Where needles and syringes are maintained in the laboratory, an accountability system shall be established in accordance with Chapter VIII, Pharmacy Chapter, of the HSM.

CHAPTER IV: DENTAL SERVICES

Section 1. Mission

The mission of the dental service is to stabilize and maintain the inmate population's oral health. Essential dental care is to be provided to inmates by professional staff, who make every effort to provide quality care consistent with professional standards to the greatest number of patients within available resources.

Section 2. Standard

A continuing effort is to be made to meet the standards of the American Correctional Association and the American Dental Association for patient care. In addition, dental clinics with HSUs accredited by JCAHO are to meet its applicable standards.

Section 3. Organization

Dental services are under the general supervision of a designated health care authority pursuant to written agreement, contract, or job description.

a. Chief Dentist. The Bureau's dental programs are under the direction of the Bureau's Chief Dentist, who is appointed by the Medical Director. The Chief Dentist establishes national program goals, sets objectives for providing professional and administrative direction to Bureau dental programs, and recruits qualified dentists and auxiliary personnel. The Chief Dentist represents the Bureau's dental services as necessary with other government agencies or professional groups. A Deputy Chief Dentist is appointed by the Medical Director to assist the Chief Dentist, and shall be a field dental officer with collateral duties in a Bureau institution.

b. Regional Dental Services. The Chief Dentist, in concert with the Regional Directors and the Medical Director, appoints a Regional Dental Consultant (RDC) for each region. The RDC provides professional direction for institutional staff in that region and for the RHSA. The RDC serves as a field liaison in areas of recruitment, clinic construction, quality management, and program/focus reviews. The RDC's duties are collateral with institutional responsibilities.

c. Institutional Dental Services. The Chief Dentist shall delegate authority for directing the Dental Service Unit to a Chief Dental Officer (CDO). The Chief Dentist is the granting authority for privileges for the CDOs. The Chief Dentist redelegates to the CDO the authority to grant dental privileges to dental staff and consultants. Any staff providing dental treatment must be properly credentialed (verified) and have a signed privilege statement. The CDO is under the clinical supervision of the institution CD, and supervises all dental staff.

d. Dental Staffing. All staff shall be offered the Hepatitis B vaccine. Institutional dental service units that do not have an assigned dentist for extended periods shall notify the Chief Dentist.

(1) Dentist. Every effort shall be made to assign Dentists to institutions in accordance with Bureau staffing guidelines.

(2) Auxiliary Personnel. Auxiliary personnel are essential to an efficient dental services unit. Without them, dentists are forced to devote a great deal of time to performing tasks that could be delegated. The presence of auxiliary staff also increases security and program oversight, and maintains program continuity.

A properly credentialed (verified) and licensed dental hygienist with a signed privilege statement may provide hygiene and other dental services (within the scope of training and as assigned by the CDOs) in the absence of a dentist if a physician or PA/NP is present in the HSU in which the dental clinic is located. Auxiliary staff should be assigned to the dental services unit in accordance with Bureau staffing guidelines.

(3) Contract Dental Services. Contracts may be used to meet immediate, short-term staffing needs for dentists, dental assistants, and hygienists. If the staffing needs prove to be long-term, the CDO should actively pursue securing the necessary positions. Contract staff are to be offered the Hepatitis B Vaccine. Arrangements for specialty care providers who are used on a routine basis shall be made in advance of treatment.

(4) COSTEP/Student Interns. Local institutions may employ students who have entered into an agreement with PHS's Commissioned Officers Student Extern Program (COSTEP) for short-term engagements.

Institutions may establish training agreements with local professional schools for using student interns in various capacities. The agreement must be a written contract subject to annual review. A copy is to be forwarded to the Bureau Chief Dentist for professional review prior to starting the program.

(5) Inmate Workers. Staffing with inmates is to be implemented only after every effort has been made to hire civilian dental assistants. Using inmates as clinical workers is marginally acceptable. It severely limits delegation of staff duties and places an additional correctional responsibility on dental staff. In accordance with ACA standards and Bureau policy, inmates cannot perform direct patient care.

Inmates who are assigned to work in the Dental Clinic must be serologically tested for the Hepatitis B antigen. Inmates can work as chairside assistants only when enrolled in or after having completed a Department of Labor-approved Apprenticeship Training Program.

Inmates may be used as orderlies, infection control technicians, or dental laboratory technicians without being enrolled in the apprenticeship training program. They shall receive training consistent with OSHA guidelines. Inmates who are dentists are not allowed to work in the dental clinic in any capacity.

Inmates who have been diagnosed as Hepatitis B chronic carriers or as HIV positive may not work in the dental services unit in any capacity. Inmate workers are to be offered the Hepatitis B vaccination (see the current policy on Bloodborne Pathogens).

The CDO is also responsible for attending to the correctional and administrative functions associated with any inmate workers, such as their supervision, work performance rating, and extra good time and vacation time recommendations. See the HSA for help. The CDO is also responsible for implementing an apprenticeship training program if inmates are used as assistants.

Section 4. Dental Clinic Administrative Procedures

All staff must be knowledgeable of and adhere to Bureau policy at all times. A working knowledge of the total Health Services Manual will facilitate any interactions with the Health Services Unit. Any questions concerning policy should be addressed to the Health Services Administrator; institutional Executive Staff; Regional Dental Consultant; Deputy Chief Dentist; or the Chief Dentist. Institutional supplements are located in the Warden's office and are available for review. An annual review of the institution's emergency plans is required. The Chief Dental Officer should review and provide input into the writing of the local supplement on dental health care. The CDO should review the inmate's handbook to insure that information about the dental clinic is current.

a. Staffing. The Chief Dental Officer should be knowledgeable about both the OPM and the U. S. Public Health Service personnel systems. Staffing guidelines for the dental clinic have been established. The positions to fill these guidelines is allocated by the institution's Chief Executive Officer (Warden) based upon requests justifying the need for staffing positions. It is, therefore, incumbent upon the CDO to provide justification for the need for dental staff to the HSA and the institutions chief executive staff. Contract staff may be hired to fill immediate, short term, staffing needs.

Dental intern programs such a COSTEP or programs with local dental or hygiene schools can also be established. The HSA can assist in this processes.

Staff management is an important aspect of the CDO's job. Time and effort spent in this area will lead to a higher quantity and quality of dentistry being accomplished. The dental staff needs

to be visible in the institution. Networking with other institution staff can help prevent communication problems and help other staff realize the goals of the dental program.

b. Personnel Actions. Bureau policy requires that a performance log be maintained on each employee in the dental clinic. The log outlines the performance elements and standards for each position. These standards communicate to the employee requirements and goals which are expected to be accomplished. The HSA or the Human Resources Department can provide information and assistance. The CDO will usually be rated by the CD and reviewed by the appropriate AW. The Regional Dental Consultants are available for consultation. At multiple dentist facilities, the CDO is typically responsible for staff personnel matters such as career guidance, personnel evaluations, and nominations for any awards.

The HSA serves as the personnel officer for USPHS officers. He/she maintains all personnel actions, annual leave and sick leave records. A current Commission Corps Personnel Manual is maintained in the HSA's office. All USPHS employees should be familiar with this manual. Additional information can be obtained from the USPHS Personnel Liaison Officer in the Central Office. Civil service employees can obtain personnel information from the institution's Human Resources Department.

c. Practice Privileges. The Chief Dentist grants practice privileges to the CDO. The CDO grants dental privileges to the dental staff. Also, if the CDO chooses to do so, he/she may grant privileges to the medical staff if documented training is provided to justify such privileges. The HSA will assist in obtaining the privilege statements for physician assistants and nurse practitioners. The extent of privileges granted will depend upon the education and experience of the practitioner and the institution's need. For examples of dental Privilege Statements and Qualification Briefs see Attachments IV-A, IV-B, IV-C, and IV-D.

d. Position Descriptions and Billet Descriptions. A copy of an appropriate position description (GS) or a billet description (PHS) is maintained in each dental staff employee's personnel file. Copies of examples of position and billet descriptions are available from the Chief Dentist.

e. Training. It is essential that dental staff maintain and advance their professional skills and correctional knowledge. The institution's Employee Development Manager assists staff to achieve training needs. USPHS officers should update their curriculum vitae as they complete training or advanced degree programs. Staff should notify the Employee Development Office well in advance of courses they plan to attend. Funding is governed by allocated funding. Refer to Chapter I, Section 13 of the HSM for CPE information. A Professional Video Library is available at FMC Fort Worth. A telephone call or memo secures a selection.

f. Procurement

(1) **Supplies:** Procurement regulations require that government sources (DOD, VA) be the first sources for purchasing dental supplies. Private companies with GSA contracts are the preferred second source. The third source is an open market purchase of items not available from the first two sources or for emergency needs. The CDO should contact Financial Management for approved contract suppliers. Regularly used items can be placed on a Recurring Items Specification Form BP 144(34) and provided to Financial Management.

The HSA is the Cost Center Manager for Medical Services. Health care supplies, including dental supplies, are ordered from cost center B350. The cost for dental care consultants outside the institution provide is allocated to cost center B325.

Purchases are initiated on a Request for Purchase form. To minimize the number of purchases, a quarterly ordering system is helpful. Each purchase order issued should request the vendor to supply any appropriate MSDS sheets. Current Federal Supply Schedule Catalogs can be obtained from the various dental vendors.

(2) **Major Equipment:** To assist in the purchase of major equipment, the CDO should maintain and update annually a major equipment inventory which lists all dental equipment, its value, the acquisition date, the projected replacement date, and the estimated replacement cost. The CDO is usually the Property Accountability Officer and responsible for all major equipment in the dental clinic with a Federal Prison System (FPS) numbered label. An equipment preventive maintenance program is essential to insure that all equipment is working properly and safely. The HSA should be notified immediately of any equipment in need of repair or replacement.

It is important to anticipate and plan for major equipment purchases. To purchase new or replacement major equipment, the CDO utilizes the institution's strategic planning process. The CDO must identify and justify dental equipment needs. The HSA will present these needs to the executive staff to be prioritized with the rest of the institutions requested needs. Consult with the HSA about equipment needs. Early inclusion in the strategic planning process is important.

(3) **Inventory:** A clean and well organized store room is important. An accurate supply inventory can be maintained on stock record cards HEW-46 or BP-S109, or a computerized program. Bulk needle storage is to be maintained in the pharmacy.

g. Record Management

(1) **The Health Services Record:** The Health Services Record is a legal document and must be treated as such. Confidentiality is essential. No inmate shall have access to this record.

Inmates working in the dental clinic as chairside assistants and who are enrolled in or have completed the Dental Assistant Apprenticeship Program are allowed to do the charting during an examination only on a blank BP-S618.060 form that is separated from the Health Services Record. Any confidential information being discussed with a patient should be done in a private setting.

Section 3 of the Health Services Record is designated for all dental forms except the Medical Report of Duty Status Form (IHS-131); SF 88, if section 44 is utilized for an abbreviated screening examination; and Inmate Request to Staff Forms. These forms are to be filed in the proper area of the Health Services Record. All records should be returned to the Health Records Department by the end of the workday.

(2) **Documentation:** All Health Services Record forms generated at the institution must include the institution's name, the patient's name and number, and all entries must be dated and timed. Entries must be legible, accurate, complete, and signed and stamped. At no time should important information be left out of the record nor should information be obliterated from the record so that it cannot be read; this suggests tampering. A neat line should be drawn through the incorrect information and initialed. The correct information should then be properly entered.

(3) **Release of Information:** The release of information from the Health Services Record to an inmate is governed by Bureau policy as it relates to the Freedom of Information Act and the Privacy Act. If there is a request for information from the dental section, refer the patient to the HSA. Do not personally release any information from the Health Services Record unless specifically authorized to do so.

h. Standard Forms

(1) Treatment Records

(a) **BP-S618.060.** The basic Bureau dental treatment form (Clinical Dental Record). This form is initiated at each screening exam. When initiating treatment on transferred inmates and during the course of treatment, a new BP-S618.060 shall be generated, if new charting is indicated.

(b) **HSA 237.** This Continuation of Dental Treatment Record is to be used after the BP-S618.060's documentation area is full and additional documentation is required.

(c) **SF 88.** Section 44 of this form may be used to do the dental screening as detailed in Section 5 of this Chapter. It is filed in section 2 of the Health Services Record.

(2) **Dental/Medical Health History Form.** Documentation that the health history was reviewed is an essential part of the comprehensive exam.

(a) **Dental/Medical Health History.** A bilingual health history form.

(b) **SF 360.** Found in Section 2 of the Health Services Record.

(3) **Consent Form.** Informed Consent for Oral and Maxillofacial Surgery. A bilingual form to be completed and explained prior to any surgical procedure.

(4) **SF 513.** This consultation form is to be utilized when seeking opinions about an inmate's health condition from other medical or dental practitioners. When completed, it is filed in Section 3 of the Health Services Record.

(5) **SF 515.** This pathology form or an applicable contract laboratory form should be utilized when specimens are submitted for microscopic examination. The completed form is to be filed in Section 3 of the Health Services Record. A copy of the information is to be forwarded to the chairperson of the institution's Tissue Committee.

(6) **BP-S383.** This is a Correctional Services department form to be utilized when disposing of any inmate's prosthetics which is made of gold.

(7) **HRSA-131 Medical Report of Duty Status.** This form is utilized when changing the medical duty status of the patient. It is to be filed in Section 5 of the Health Services Record.

(8) **Inmate Request to Staff.** This form is utilized by inmates to request access to dental treatment. It is filed in Section 6 of the Health Services Record.

i. Performance Improvement (PI). Each institution's Dental Services Unit shall participate in the HSU Performance Improvement Program. The program shall be consistent with JCAHO guidelines and designed to meet the JCAHO audit standards.

The program incorporates chart reviews of the dental section of the Health Services Record and/or a monitoring of clinical functions as a systematic way to solve problems, to identify opportunities to improve situations before problems occur, to improve the outcome of care provided, and a means to validate the quality of the care provided.

It is acceptable to establish an additional PI program at an institution, and the CDO is encouraged to do so. Try to develop guidelines using outcome based models.

All PI reports are to be maintained for Program Review.

j. Hazardous Communication Program. A written Hazard Communication Program is mandated by the OSHA Communication Standard, Title 29, Code of Federal Regulations 1910.1200. Under this program, each employee will be informed of the contents of the Hazard Communication Standard, hazardous properties of substances in the Dental Services Unit, the handling procedures and measures to take to protect oneself from these substances. All such substances will be properly labeled and have an Material Safety Data Sheet available in the clinic. All flammable liquids are to be properly stored and logged. The clinic's regulated waste will be removed daily according to policy. Contact the HSA and Safety Manager for information about compliance with the Hazard Communication Program.

k. Infection Control Program. Each Dental Services Unit is to have an ongoing Infection Control Program following the current CDC and OSHA guidelines. All patients and their blood and body fluids will be treated as potentially infectious, in order to help prevent the transmission of blood-borne infections such as HIV or hepatitis. All dental clinic staff shall adhere to the blood and body fluid guidelines in Attachment IV-G.

l. Data Management. The daily collection of clinic practice data is an essential duty of every practitioner. The data is to be collected on the Daily Dental Treatment Log and the Monthly Dental Treatment Log. It will assist all levels of management to assess trends in patient pathology, clinic efficiency, practitioner productivity, and staffing needs.

The BP-DEN-1, Data Management Report, is designed for this use. (See Attachment IV-H). It can be utilized to analyze such management trends as the average number of patients seen per day, the average number of procedures accomplished per appointment, a bureau production index, and the percentage of failed appointments.

Each practitioner will complete a DAILY WORKSHEET (Attachment IV-I). This log will reflect the procedures accomplished and these logs will be maintained indefinitely. These statistics will be transferred to the MONTHLY WORKSHEET which are later utilized to prepare the BP-DEN-1 MANAGEMENT REPORT.

BP-DEN-1 (Quarterly Report - October 1, January 1, April 1, July 1). This information should be submitted by the 15th of the month indicated via SENTRY to the Regional Dental Consultant, and Chief Dentist.

This statistical information can be utilized to help secure more dental staff positions, to justify the purchase of equipment and to promote the need for continuing professional education.

m. Security. The correctional responsibilities of the dental staff are paramount and maintaining a secure environment is essential. Every staff member must be fully knowledgeable of correctional policies and local procedures. Implementation of these policies and procedures are of utmost importance. The dental clinic presents several areas of security concerns including oversight of inmates, records, instruments, needles, hazardous materials, and computers. These concerns must be addressed in the clinic's security policy. Please consult with the institution Chief Correctional Supervisor, Tool Control Officer, and Safety Manager for assistance in developing the security measures in the Dental Clinic. For examples of Dental Clinic security policies and procedures refer to Attachments IV-J and IV-K.

n. Facility Management. A clean and properly functioning dental clinic is essential in providing a high quality and quantity of dentistry in a safe and timely manner. The CDO is responsible for seeing that the dental facilities are maintained at a high standard of sanitation and that each piece of equipment is working properly. Daily maintenance is the responsibility of the dental staff. A work order file should be maintained and a notebook developed for operations manuals for the clinics equipment. Each Dental Services Unit should maintain all warranty and maintenance information of all dental equipment, including handpieces. Each CDO is responsible to insure that the dental clinic equipment is included in the Health Services Unit preventive maintenance program.

Maintenance/service logs should be maintained on the compressor, autoclaves, evacuation, chairs, units and the x-ray equipment to insure regular service and avoid breakdowns. The x-ray units should be inspected and calibrated according to policy.

Excessive inventory should be properly stored and/or surveyed. The HSA can assist to get equipment repaired and to survey any unrepairable or obsolete equipment. The CDO should maintain a major equipment list so that new equipment can be purchased in an anticipated, strategic manner. It is important to plan major equipment needs in advance. Work with the HSA to insure that major equipment needs are included in the institution's strategic planning process. Minor equipment is purchased out of the B350 budget.

o. Inmate Dental Assistant Apprenticeship Program. The use of inmates as chairside assistants is an accepted practice at some institutions. However, staffing with inmates should be implemented only after every effort has been made to hire civilian dental assistants. Because of security constraints and professional standards of care, staff assistants can perform many tasks which inmate assistants cannot. Using inmates as assistants limits delegation of staff duties and places an additional correctional responsibility on dental staff. Inmates cannot perform direct patient care. Before using inmate dental assistants, permission must be obtained through HSA/supervisory staff.

Inmates can work as chairside assistants only when enrolled in or after having completed a U.S. Department of Labor-approved Apprenticeship Training Program. Dental clinics can develop their own programs or use a program developed through an agreement between the U.S. Department of Labor (DOL) and the Bureau.

After getting approval from the institution, inform the Supervisor of Education that an apprenticeship program will begin. Next, contact the nearest DOL Representative in the area. to assist in preparing the agreement form and answering any questions.

The program will also require the purchase of a textbook, the fourth edition of:

Essentials of Clinical Dental Assisting
by: Joseph E. Chasteen
Available from: C.V. Mosby Company
11830 Westline Industrial Drive
St. Louis, Missouri 63146
1-(800)426-4545 or
(314) 872-8370

The training program consists of two parts:

(1) Related Theory and Education Schedule: This is the didactic aspect of the program.

(2) Trade Schedule: This is on-the-job training and practical application.

The program is relatively easy to monitor and the DOL representatives are very helpful and cooperative. For the complete package of Dental Assistant Apprenticeship Program materials, contact the Chief Dentist.

p. Precious Metal Removal. Precious metal (gold) which is removed from the patient's mouth is to be placed in an envelope and marked with the patient's name, number, date, and description of the item. Form BP-S383 is to be used. The disinfected item and form is to be taken to the ISM department for disposition as the inmate's personal property. A copy is to be placed in the Section 3 (dental section) of the health record.

q. SENTRY Guidelines. SENTRY is the on-line information system the Bureau of Prisons uses to provide most of its operational and informational requirements. SENTRY is not an acronym, but is the generic name of the system. The system currently encompasses inmate data, property management information, a legal references system, and a Bureau-wide electronic mail system. The Dental Services will use SENTRY to place inmates on call-out (future assignments), retrieve necessary inmate information (inmate profile), send or receive

electronic messages, and send in quarterly statistics report (BP-DEN-1). Each Chief Dental Officer has a SENTRY mailbox titled (CDO). The CDO should access and check his/her mailbox daily.

Section 5. Dental Clinic Treatment Procedures

a. Oral Health Education. Personal oral hygiene is an essential component in maintaining good dental and general health. As health care providers, staff are responsible for the recognition, diagnosis, and documentation of oral disease, and for providing the information necessary for self-care and prevention. It is important that this information be provided as early in an inmate's incarceration as possible.

(1) The initial screening exam, the comprehensive exam, and follow-up treatment includes as assessment of caries pathology and of the periodontal status, the later based upon the Community Periodontal Index of Treatment Needs (CPITN). These Findings must be documented on the front of the patient record (BP-S521.060). Inmates should be fully informed of their oral disease/health status and provided with information on prevention, self-care, and treatment options.

(2) Areas of instruction should include the following:

(a) Patient education: an elementary understanding by the patient on the nature of the disease processes and the relationship of dental plaque to their development and progress. It is important that the inmate be aware of the personal responsibility for the condition of his/her mouth and to understand that successful continuation of treatment will be dependent upon the response to self-help suggestions.

(b) Brushing: technique, type of brush, frequency.

(c) Flossing: technique, type of floss, frequency.

(d) Other oral hygiene aids

(e) Diet and Nutrition: relationship of plaque formation and dental pathology to the intake of simple carbohydrates and the frequency of intake, and the importance of a balanced diet high in complex carbohydrates and fruits and vegetables.

(3) Oral hygiene should be observed and techniques reviewed as necessary on subsequent appointments.

(4) Inmates are required to demonstrate that they are practicing adequate and proper oral hygiene prior to the delivery of elective care. The treating dentist may discontinue care at any time if it becomes apparent that the patient is not practicing proper oral hygiene.

(5) The CDO will make an ongoing effort to assure that the institution has available suitable toothbrushes and an ADA accepted fluoride dentifrice.

(6) The CDO should take advantage of every opportunity to provide oral health and hygiene information to the institution population (e.g., pamphlets, booklets, A&O orientation, etc.).

b. Dental Examinations (see Section 7 of this Chapter). The inmate shall be informed of his/her oral health status and instructed on how to access treatment. Oral health education information should be made available at this time.

The means of accomplishing this policy may vary from screening exams done on a daily basis to screening exams done on an allocated one day a week basis. It is often most expeditiously done at the same time medical has them in the clinic for their portion of the exam.

Some practitioners find it desirable to do a periodic exam on inmates recently transferred to their institution. In this instance, the Daily Treatment Log should reflect a dental Exam/Periodic and not a screening exam.

This examination is to be done on those inmates who have never received a screening exam. The examination shall include a head/neck and soft tissue exam. The CPITN assessment, DMF rate information, and treatment plan are unnecessary for this exam. If definitive treatment is ever provided, a BP-S618.060 must be initiated, including charting. A review of the patient's health history must also be documented. This exam is to be entered on the Daily Treatment Log under Exam/Mod Screening.

(1) **Comprehensive Examination.** This examination shall be provided prior to providing routine treatment and is a thorough and complete visual and tactile exam. It is to include a health history review, a complete CPITN, necessary radiographs, charting if indicated, review of the screening exam findings, and necessary laboratory tests. Oral health education is essential and must be documented.

This exam is to be completed at the first appointment in the comprehensive care process. The exam is consistent with professional standards of care and enables the practitioner to develop and document a treatment plan to provide effective and quality care. If at any time the practitioner determines that a new charting is necessary, a new BP-S618.060 should be initiated. This exam is recorded on the Daily Treatment Log under Exam/Comprehensive.

(2) **Periodic Examination.** This examination should include a visual and tactile examination of the hard and soft tissues, an updated charting, a CPITN, and radiographs if necessary. A periodic exam is typically provided after the comprehensive exam and recorded on the Daily Treatment Log under Exam/Periodic.

(3) **Community Periodontal Index of Treatment Needs.** The initial screening examination on sentenced/delegated inmates, the comprehensive examination, and the periodic oral examination will include an assessment of periodontal status based upon the Community Periodontal Index of Treatment Needs (CPITN).

The CPITN is an assessment tool to determine the periodontal health status and treatment need of an inmate or the general inmate population. Inmates should be fully informed of their periodontal status and provided with information of prevention, self-care, and treatment options. The following pages provide information on the use of CPITN. The WHO probe can be purchased from the following sources:

Brasseler USA
800 King George Blvd.
Savannah, Georgia 31419
1-800-841-4522
WHO Probe

Henry Schein, Inc.
5 Harbor Park Drive
Port Washington, NY 11050
1-800-372-4346
WHO Probe

c. Dental Treatment

(1) **Urgent/Emergency.** Urgent dental care shall be available to all inmates on a 24-hour basis.

(a) Urgent dental care is of the highest priority and shall be provided at sick call unless urgency dictates otherwise. If emergencies occur during the regular workday, procedures must be in place to respond. Typically, the work supervisor or the staff accountable for the inmate calls the dental clinic to report the complaint. The dental staff triage the complaint and provide necessary instructions or access to indicated care. After hours emergency dental care is usually provided by the appropriate medical staff on duty. Documented staff training on dental emergencies and treatment modalities is recommended. Procedures should be in place to insure that these cases are reported to the dental clinic at the earliest opportunity. If immediate referral to the dentist is necessary, the medical staff should contact the Chief Dental Officer or the Staff Dentist.

(b) Dental sick call is usually provided at a set time every day, Monday - Friday and/or as detailed in the Institution Supplement on Dental Procedures.

(c) Inmates in segregation, special housing, or jail units must have access to dental sick call and urgent care only. Usually the medical staff assigned to these areas in the morning records the complaints and gives the information to the dental staff for triaging. These procedures must be spelled out in the institution supplement.

(d) All dental sick call appointments will be documented using the "SOAP" format.

Subjective findings: Symptoms described by patient

Objective findings: Results of the clinical exam, radiographs, or tests

Assessment: Provisional diagnosis

Plan: Treatment rendered

Institution Supplement. Copies of Institution Supplements outlining the dental treatment procedures should be kept in the Dental Clinic.

(2) **Routine Dental Treatment.** The Bureau shall provide access to routine dental care for sentenced inmates, as resources of staff, time, and materials are available and commensurate with the inmate's ability to maintain good oral health.

(a) Routine dental treatment is elective and an inmate may request this care through the institution's inmate request to staff procedure or dental staff may place the inmate on the treatment list.

(b) Access to care must be equitably controlled and the use of treatment list is the most common method. Treatment lists are to be overseen by the dental staff and are to be maintained in the dental clinic. The list may be kept on SENTRY or on a computer program. Inmates will not be involved in the maintenance of the list or scheduling process.

(c) Inmates on the routine treatment list should be called according to their chronological entry date unless there are health or administrative reasons to establish other priorities.

(d) Inmates failing to appear for a scheduled appointment should be perceived as a risk to institution security. The Failed Appointment Rate should be monitored and acted upon, especially if it exceeds 10 percent quarterly.

(e) Routine care is to be initiated by a comprehensive exam to include a review of the screening exam; a charting update, if indicated; complete CPITN; necessary radiographs; medical health history review; development of a treatment plan; and oral health education. Planning patient treatment prior to an appointment will help the practitioner accomplish more at each visit. Systematic scheduling of the patient will help reduce the failed appointment rate.

(f) Inmates in segregation, special housing or jail units shall not be provided routine dental care. Urgent care shall be provided until the inmate is released to the general population. Exceptions to this must be approved in advance by the Chief Dentist.

(3) **Accessory Dental Treatment.** Accessory dental treatment is not ordinarily provided to the inmate population. Approval for such care must be obtained from the Chief Dentist and the Medical Director.

(a) Accessory treatment is considered elective and extends beyond the scope of routine care. It is dentally acceptable treatment, but not dentally necessary and includes, but is not limited to, the following: orthodontic tooth movement, fixed prosthetics, dental implants, edentulous ridge augmentation, orthognathic surgery, and TMJ surgery.

(b) If the CDO determines that such treatment may be warranted, approval must be obtained from the Chief Dentist and the Medical Director, through the Warden and the Regional Director.

(4) **Consultants.** It is the responsibility of the Dental Services to provide quality dental care to the inmate population. Specialty services may be required, at times, to meet this goal.

(a) Specialty Services

(i) If the dental services require the assistance of a dental specialist, arrangements should be made through the HSA. It is advisable to have the specialty consultant provide the services at the institution, although urgency may dictate otherwise. Make every attempt to have the specialty consultant available on contract prior to any emergency needs. Payment arrangements are made by the HSA. The most common consultants utilized are the oral surgery and the dental hygienist. Consultant staff who provide treatment at the institution should be included in the clinic's Continuous Quality Improvement program and a Daily Dental Treatment Log should be established.

(ii) The dentist shall prepare a consultation sheet (SF 513) for each referral to a dentist or a specialist for specialty services. Does not include contract routine care providers.

(b) **Contracts with Professional/Training Schools.** Augmenting staff with student interns is acceptable. Contracts are to be renewed annually. The duties and responsibilities of each parts should be spelled out clearly and thoroughly. The HSA can assist in this. These practitioners should be included in local IP programs if they are providing direct patient care and should fill out a Daily Dental Treatment Log.

e. Dental Laboratories. Please review this section carefully. If staff have any questions, please call:

| | |
|---------------|-----------------------|
| USP Lompoc | (Western Region) |
| FMC Lexington | (Southeast Region) |
| | (Mid-Atlantic Region) |
| USP Lewisburg | (Northeast Region) |
| FCI El Reno | (South Central) |
| FCI Oxford | (North Central) |

(1) **Dental Laboratory Prescription.** A dental laboratory prescription, filled out in duplicate, must accompany all dental work sent to the laboratories. The white (original) and yellow slips must accompany the work. The laboratory will retain the white slip (original) and return the yellow slip with the completed procedure.

The laboratory prescription should be filled out accurately and completely (preferably typed). Please draw a detailed design of the prosthesis requested. The laboratory is authorized to refuse dental work without a fully prepared and signed prescription form. Use the same case number on all prescriptions pertaining to that case. Do not use the inmate's name or number on the prescription. The proper procedure is as follows:

(2) **Records.** Obtain a bound record book from the local supply source in which to record the confidential data needed to properly identify and track prosthetic cases. This will be a staff member's personal record of cases and the only way the case can be connected with the patient. Keep it in a secure location so that only other staff members have access to it.

Divide the page into columns labeled "**Control No.**", "**Name and Number**", "**Case Type**", "**Date of Rx**", and "**Date Returned**". See sample prescriptions in the appendix of this section. When writing a prescription for a prosthetics case, fill in the "**Name of Submitting Facility, State**" and "**Date Initiated**" spaces; fill in the "**Age**" space if desired. Leave the "**Patient's Last Name First Name**" and "**Register Number**" spaces blank. Record this information in the record book. Record the pre-printed "**Control Number**" in the record book. Leave the "**Case No.**" space blank. (The laboratory will assign this number to the case.)

Write the "**Control Number**" on the bottom of a model with indelible pencil. This prevents confusion at the lab with mixed up cases during the disinfection process. Fill out the rest of the prescription as indicated above, being certain to sign in the "**Signature**" space and type or print the staff member's name in the "**Name**" space. When the case is returned for subsequent steps, write a new prescription, recording the same data in the record book transferring the "**Case No.**" to the new prescription. This will allow the lab to provide continuity with that case through to its conclusion.

A patient transferring to another institution can be located on **SENTRY** and the case sent to the CDO at that institution, identifying the inmate by including the PP44 form along with the prescriptions and any comments or information in the container with the models. The laboratories will return the case to the dentist originating the most recent prescription.

When the case is completed and delivered, enter the name and register number on all the prescriptions and enter them in the Health Record.

Additional dental prescription forms will be sent upon request. The laboratory will complete the reverse side of the form.

(3) **Consultation Request.** The dentists and staff technicians at the Regional Dental Laboratories are available for consultation for difficult cases. If a consultation is desired, check "consult" on the prescription form and include all pertinent information under "Instructions and comments." Full mouth x-rays and study casts should accompany the request.

(4) **Guidelines for Dental Work Submitted.**

(a) **Dental Casts.** All landmarks must be included (1/4 inch beyond the retromolar pad and hamular notch). The bases of the casts should be about 3/4 inch thick. Casts should be neatly trimmed, bubble-free, and sharp in detail. Patient's control number, date, and institution should be printed on the bottom of the cast.

(b) **Jaw Relations Record.** A technique must be used which will permit separation of occlusal rims for shipment and positive re-assembly at the laboratory. Dental stone, compound, polyether, self-curing acrylic, and ZNOE seem to work the best. Dental waxes may distort. A "mush bite" occlusal registration is not acceptable.

If the casts can be unmistakably related by means of positive tooth stops, no interocclusal record is required. Vertical lines (witness lines) which pass unbroken from maxillary to mandibular tooth surfaces in three widely separated parts of the casts should be included on Your casts.

(c) **Complete Dentures**

(i) Casts. All final impressions should be boxed and trimmed properly. Casts should be bubble-free. Please scrape or have postdam in position because this is not a laboratory procedure. Print the patient's control number, date, and institution on the bottom of all casts.

- (ii) Wax Rims. Adjust for lip length and lip support, mark the mid-line and smile lines.
- (iii) Tooth Selection. Dentists should choose mold and shade of teeth. Mold and shade requests should be consistent with tooth stocks of supporting laboratory to avoid the need for conversion. In addition to the mold, a type form of the face should be provided to facilitate mold conversion (utilize the mold data on the prescription form).

(d) **Immediate Dentures.** Please send detailed instructions for trimming the cast(s). A diagnostic cast which has been trimmed would serve as a good example.

(e) **Removable Partial Dentures**

- (i) In the majority of cases the most successful partial dentures are those which use cast metal frameworks. However situations arise where an all-acrylic RPD, with or without clasps is indicated. These can be fabricated but should not be prescribed in lieu of a cast RPD unless there are overriding indications.
- (ii) Before proceeding with prosthodontic treatment, all periodontal and restorative treatment must be completed.
- (iii) It is the responsibility of the Dentist to design all prosthetic cases. Consultation services are available at all Regional Dental Laboratories. Please draw the design on study casts. They should be sent along with final master casts.
- (iv) Use black pencil for surveyed lines.
- (v) Please survey and tripod the final casts.
- (vi) Please make explicit instructions: facings, tubeteeth, all metal pontics, metal with plastic surfaces, etc.
- (vii) Insure that final master casts have proper rest preparations and occlusal clearance.

(f) **Fixed Prosthetics.** Crown and bridge is considered accessory care and is not encouraged in the Bureau and is assigned a very low priority. The Regional Dental Consultant must approve all minor crown and bridge cases (four units or less) in advance. Contact the lab to see if the case can be completed in the time required. Then contact the RDC via memorandum for documented approval. Any major crown and bridge cases (five units or more) must be approved by the Chief Dentist

and the Medical Director through the Warden and the Regional Director. A copy of the approval memorandum from the RDC must accompany the prescription.

- (i) Take **full arch** impressions using either a polyether or vinyl polysiloxane impression material.
- (ii) Send **full arch** casts poured in die stone (do not incorporate dowel pins and do not remove from impression)
- (iii) Use self-curing acrylic for bite registration records.

(g) **Relines.** Prior to impression, reduce flanges about 3mm and eliminate undercuts for easier separation of impression. Box, pour, and trim cast. Do not separate.

(h) **Repairs.** Always pour a matrix. For certain repairs (missing teeth or broken clasp), an impression should be made with the prosthesis seated in the mouth. Don't forget to send an opposing cast if necessary.

(i) **Other Requirements.** Any laboratory support requirement of a nature, not specified in these procedures, will be communicated in advance to the Laboratory Director or the Regional Dental Consultant. No work will be commenced until approval is obtained. No rush cases will be started without permission and consultation with the Dental Laboratory Director. If the patient is scheduled to leave the system shortly (10 weeks), the Laboratory Director should be consulted before beginning the case. If a patient transfers while the case is in progress, the CDS should determine through SENTRY the inmate's destination and route the case to that institution.

(5) **Packaging and Mailing.** **Proper infection control procedures should be completed prior to shipping. All prostheses must be disinfected (as if from a high risk patient) before shipment to the Regional Dental Laboratory.** Casts and prosthesis should be placed in a plastic bag or nylon pouch to prevent contamination of the shipping box, foam insulation, or paperwork. Unmounted cases should be packed back-to-back in approved dental mailing boxes. The completed laboratory prescription and jaw relation record must be included with the master casts. Diagnostic casts may have to be sent in a separate box. Please trim models to fit in the box properly. If an accumulation of mailing boxes occurs, please forward them to the designated laboratory.

(6) If an inmate leaves Bureau custody prior to the delivery of Bureau fixed or removable prosthetics, they may be shipped to the dentist of the inmate's choice.

Section 6. Medical Emergencies in the Dental Clinic

Each dental department shall be prepared to implement urgent medical care procedures. All dental staff shall maintain CPR certification. An oxygen source with an ambu-type bag and drug kit shall be readily available.

This policy, together with knowledge in Cardiopulmonary Resuscitation (Basic Life Support) should provide a basis for judgements to be made in the management of emergencies.

Emergency: An unforeseen circumstance that requires immediate attention.

Health Evaluation: All patients seen in the dental clinic will be questioned as to their current mental/physical condition. A dental/medical history will be conducted utilizing SF 88, SF 360 and the Dental/Medical Health History form. When indicated, laboratory test and current blood pressure readings will be gathered.

a. **Emergency Equipment:**

(1) **Equipment**

- (a) Positive pressure breathing equipment
- (b) Tongue Blade
- (c) Sphygmomanometer (Blood Pressure Apparatus)
- (d) Stethoscope
- (e) Sterile, disposable 3cc syringe (2)
- (f) Tourniquet
- (g) Oral Airway

(2) **Emergency Drugs:**

- (a) Oxygen
- (b) Aromatic Spirits of Ammonia
- (c) Epinephrine, .5 ml vial (1)
- (d) Benadryl, 1 ml, steri-dose syringe (1)
- (e) Nitrostat, .04 mg (1/150gm), 1 bottle 25 tablets
- (f) Sugar (soft drink) 1 can

c. **Procedure:**

- (a) Place the patient in a supine position
- (b) Insure a patent airway
- (c) Administer oxygen (except in cases of hyperventilation)
- (d) Send to the medical clinic for a physician or a PA.
- (e) Be prepared to :
 - (i) Support respiration
 - (ii) Support circulation

b. **Dental Staff Function.** All dental staff will respond to the site of an emergency. A dentist will take charge following the protocols established. Other staff will set up the oxygen, get emergency drugs and equipment and if necessary seek assistance from the medical clinic. In the event only one dental staff member is available, any inmate in the area will be sent to the medical clinic for assistance. If a staff member is totally without help, he/she will dial 222, then initiate emergency care.

All dental staff will maintain CPR certification. Procedures should be practiced at least twice a year.

c. **Protocols**

(1) Condition - **SYNCOPE**

- (a) **Cause:** Cerebral Hypoxia (reduced blood flow to the brain)
- (b) **Symptoms:**
 - Pallor (pale, cold , clammy)
 - Anxiety
 - Nausea
 - Perspiration
 - Tremors and convulsions
 - (may occur if patient is left in sitting position)
 - Loss of consciousness
 - Rapid pulse initially; then slow
 - Pupils may dilate
 - Blood pressure may decrease

(c) **Treatment:**

Place the patient in a supine position
(do not lower head below horizontal)
Secure a patent airway
Administer oxygen
Ammonia by inhalation may be helpful
Cold compresses face and neck
Reassure the patient
refer to the medical clinic when stable

(2) Condition: **HYPERVENTILATION**

(a) **Cause:** Excess loss of Carbon Dioxide produces
respiratory alkalosis

(b) **Symptoms:**

Rapid, shallow breathing
Confusion
Vertigo (dizziness)
Paresthesia (numbness or tingling of extremities)
Carpo-Pedal Spasm

(c) **Treatment:**

Have patient breathe into a paper bag
Reassure the patient
Refer to the medical clinic when stable

(3) Condition: **AIR WAY OBSTRUCTION**

(a) **Cause:** Foreign body in larynx or pharynx

(b) **Symptoms:**

Choking
Gagging
Violent inspiratory effort
Cyanosis
Rapid pulse at first; then slow
Cardiac arrest

(c) **Treatment:**

Allow the patient to try and clear airway on own;
if unable Perform Heimlech Maneuver
Seek assistance from medical staff

(4) Condition: **URTICARIA OR PRURITUS**

(a) **Cause:** Allergic reaction

(b) **Symptoms:**

Urticaria
(rash-usually red skin eruptions, of face, neck,
arms, hands)
Pruritus
(itching of face, neck, arms, hands)

(c) **Treatment:**

Diphenhydramine Hydrochloride (Benadryl) 50 mg
orally q.6-8hrs
Refer to medical clinic

(5) Condition: **ANGIONEUROTIC EDEMA**

(a) Cause: Allergic Reaction

(b) Symptoms:

Swelling of lips, eyelids, cheeks, pharynx, and
larynx
Pruritus, urticaria, hoarseness, stridor, cyanosis

(c) **Treatment:**

Benadryl 10-50mg IM
Oxygen
Refer to medical clinic

(6) Condition: **CONVULSIONS**

(a) **Cause:**

Preexisting seizure disorder
idiosyncrasy to drug (local anesthetic)

(b) **Symptoms:**

Signs of CNS stimulation
(excitement, tremors, followed by convulsions)
In epilepsy (Grand Mal), aura (flash of light,
unusually smell, followed by cry from patient)
will precede convulsion

(c) **Treatment:**

Try to keep the patient from, injuring himself,
attempt to place tongue blade between teeth to
avoid tongue lacerations.
Seek assistance from medical staff.

(7) Condition: **ANGINA PECTORIS**

(a) **Cause:** Insufficient blood supply to cardiac muscle; may be precipitated by stress and anxiety.

(b) **Symptoms:**

Pain in chest
Vital signs usually good
Pain may radiate to arms or mandible
Patient usually has a history of this problem
Pain may persist for 3-5 minutes

(c) **Treatment:**

Semirecumbent position
Oxygen
Nitroglycerine, 1/150gr sublingually
(this may be repeated in 5 minutes, 3 times)
Reassure patient
Seek assistance from medical staff

(8) Condition: **INSULIN SHOCK**

(a) **Cause:**

Hypoglycemia or hyperinsulinism
(Often occurs in diabetic patients with an infection who took morning but failed to eat breakfast.)

(b) **Symptoms:**

Nervousness
Confusion
Profuse sweating
Convulsions
Coma
Rapid pulse
Nausea

(c) **Treatment:**

Administer sugar orally, if possible
Seek assistance from medical staff

(9) Condition: **CARDIAC ARREST**

(a) **Cause:**

May follow myocardial infarct or respiratory obstruction

(b) **Symptoms:**

Unconsciousness
No respiration or pulse
No blood pressure
Pupils dilated
Cyanosis

(c) **Treatment:**

Seek assistance from medical staff
Initiate CPR

(10) Condition: **EXCESSIVE BLEEDING**

(a) **Cause:** Cutting of major blood vessel

(b) **Symptoms:**

Profuse bleeding

(c) **Treatment:**

Apply direct pressure to bleeding site
Reassure patient
Seek assistance from medical staff

Section 7. Dental Services

a. Levels of Care

(1) Dentally Mandatory. Any condition that puts the inmate's health or well-being at immediate risk, such as urgent care for immediate relief of pain, traumatic injury, or acute infection. See Urgent Dental Treatment below.

(2) Presently Dentally Necessary. That without which the inmate could not be maintained without significant risk of either further serious deterioration of the condition or significant reduction of the chance of possible repair after release, or without significant pain or discomfort. See Routine Dental Treatment below.

(3) Dentally Acceptable But Not Dentally Necessary. Includes such treatments as dental implants, fixed prosthodontics, and major orthodontics. See Accessory Dental Treatment below.

b. Extent of Care. The extent of care should be dictated by patients' response to treatment and interest in their oral health. Services shall be provided that assist the patient in developing a healthy oral environment. Removable partial dentures shall be provided at the CDO's discretion and must be justified by a lack of teeth for adequate mastication or an

aesthetic need. Prosthetic appliances shall only be provided in a periodontally healthy environment after all restorative work is completed. Some patients' scope of treatment may be limited by a pre-existing medical condition. To assist the practitioner, a written medical evaluation/consultation shall be done prior to treatment on these medically compromised patients. The SF 513 (Consultation Sheet) should be used for this purpose.

c. Examinations

(1) Screening

(a) Sentenced/Designated Inmates. For individuals in predictably long-term incarceration (i.e sentenced or designated) an initial examination to determine any treatment needs shall be done at the institution of designation within 14 days of admission on BP-S618.060.

The examination shall include a head/neck and soft tissue exam and an oral exam with complete charting, noting of any dental pathology, and an assessment of periodontal status based upon the Community Periodontal Index of Treatment Needs (CPITN). Decayed, Missing, Filled (DMF) findings are to be recorded on the front of the BP-S618.060. A dental/medical health history shall also be developed. On rare occasions, this exam may be delayed if warranted by professional judgement. Recommended treatment shall be recorded on the BP-S618.060. The inmate shall be notified of the findings and instructed on how to acquire treatment. Provision of oral health education information is encouraged.

(b) Unsentenced/hold-over/pretrial Inmates. For individuals in predictably short-term custody (MCCs/MDCs/Jails), an initial examination to determine treatment needs shall be done within 30 days of admission. The oral exam portion may be documented on SF 88-Section 44 instead of BP-S618.060.

The examination shall include a head/neck and soft tissue exam. This is not to include CPITN or DMF information. Any subsequent provision of dental care must be entered on BP-S618.060, including documentation of the patient's health history.

(2) Comprehensive. A comprehensive dental exam shall be provided for the patient prior to initiating routine treatment, and shall include any necessary x-rays and a complete CPITN. This information, plus a review of the screening exam findings and the patient's medical health history, shall be used to develop a treatment plan.

(3) Periodic Oral Exam. A periodic oral exam is performed when determined to be necessary by the dentist to reassess the oral health of the patient. It shall include a head and neck exam, an oral hard and soft tissue exam, and the CPITN assessment. It may require a charting update on a new BP-S618.060.

d. Urgent Dental Treatment. Urgent dental treatment is of the highest priority and is available on a 24-hour basis. This care shall be provided at sick call unless urgency dictates otherwise. Local institution procedures shall control when dental sick call is held and how inmates can access this care. Urgent care includes treatment for immediate relief of pain, traumatic injuries and acute infections. Only urgent care should be provided during dental sick call. All dental sick call and urgent dental care procedures are to be documented using the "SOAP" format.

e. Routine Dental Treatment. As resources of staff, time, and materials are available, the dental service unit shall provide routine treatment for sentenced inmates. Prior to treatment, a comprehensive exam shall be given and a dental treatment plan developed. Routine care includes but is not limited to radiographs, oral health instructions, indicated prophylaxis and other periodontal therapy, endodontic and restorative treatments, oral surgery, and the fabrication of prosthodontic appliances. Cast crowns and bridges are normally not authorized and are considered accessory care.

Access to routine care shall be equitably controlled through a treatment list. Unless prioritized for health or administrative reasons, inmates on the treatment list shall be called according to their chronological entry date. Inmates shall not be involved in maintaining the treatment list or in the scheduling process.

f. Accessory Dental Treatment. Accessory dental treatment is not ordinarily provided to the inmate population. Accessory treatment extends beyond the scope of routine treatment; it may include major orthodontic tooth movement, fixed prosthetics, dental implants, edentulous ridge augmentations, orthognathic surgery, and TMJ surgery. If the CDO determines such treatment may be warranted, approval must be obtained from the Chief Dentist and the Medical Director.

g. Continuation of Outside Treatment. Newly incarcerated inmates may present at the initial screening as "in treatment." The Bureau is not responsible for completing dental care or therapy started prior to incarceration. Care will be provided as policy and resources dictate. Fixed or removable prosthetic appliances that have been fabricated as part of outside care may be sent to the CDO. However, the inmate shall be informed that the Bureau will not deliver or be responsible for any unsatisfactory prosthetic device from an outside source. The judgement as to the acceptability of these appliances is to be made by the practitioner. Teeth that have been prepared for cast crowns may be maintained with metal or acrylic/polycarbonate pre-formed crowns, unless approval for accessory care is granted.

Previously started endodontic treatment should be completed if professional judgement indicates. Patients in periodontal therapy shall be maintained or treatment continued as

professional judgement indicates. For patients involved in orthodontic tooth movement, active therapy should be discontinued and the appliances used as passive maintainers. Removal of any fixed orthodontic appliance is to be done only with the patient's written consent.

h. Continuation of Routine Care. The CDO at each institution shall make individual judgements as to the continuation of dental care begun at other institutions. A fair judgement will take into account the nature and extent of the work to be completed and the priorities already established.

Section 8. Dental Records

General Information.

a. All forms shall be completed in black ink only. All forms shall contain the patient's name and number and the name of the institution (see Chapter V, Section 5).

b. All clinical dental forms shall be kept in the patient's health record in Section 3 (see Chapter V, Section 5). If the initial Modified Initial exam was done on SF 88, the form is to be filed in Section 2. If unique circumstances dictate that dental records be kept separate from the health record in the dental service unit, approval shall be obtained from the Chief Dentist.

c. The order of the documents is:

- 1- radiographs,
- 2- treatment records: BP-S618.060 and HSA-237 (with the most recent on top),
- 3- Health History Form,
- 4- consultation form (SF 513),
- 5- Oral Maxillofacial Surgery Consent Form, and
- 6- any other documents. Radiographs shall be filled at the beginning of the health record in Section 3. All other forms shall be filed in chronological order by institution.

d. The date, time, signature, and professional stamp of the practitioner shall be included with the documentation of the patient's visit.

e. Documentation shall be legible and made only on the inmate's current institution's dental forms.

f. SOAP format shall be used for all sick call/urgent care entries as follows:

Subjective findings, i.e., the symptoms described by the patient.

Objective findings, i.e., what the dentist sees clinically via visual exam, palpation, radiographs, etc.

Assessment/rationale leading to an impression or provisional diagnosis.

Plan/procedure, patient education and treatment rendered.

Routine care entries following a comprehensive oral examination and development of a treatment plan do not need to be entered using the SOAP format.

g. Entries of medication orders shall include the name of the medication, dosage, frequency, and duration. The brand names of materials placed during treatment shall also be documented.

h. Only approved, standard medical and dental forms shall be used.

Section 9. Hazard Communication Program

Each dental services unit shall have a Written Hazard Communication Program (HCP), including:

- a. A Regulated Waste Removal Program following Bureau policy.
- b. A chemical inventory and usage log of flammable liquids.
- c. Material Safety Data Sheets (MSDS) on products used in the unit and records of training on MSDSs.
- d. A documented employee training program.
- e. A copy of immunization records.

Each dental unit shall have a fireproof cabinet.

The use of amalgam capsules and covered amalgamators shall be standard in all clinics. Scrap amalgam shall be handled and disposed of properly.

All Dental Lathes and model trimmers shall be fitted with shields for user protection.

Each Dental Services Unit shall be monitored for mercury vapor at least yearly. Vapor badges shall be funded and distributed through the Central Office. A urinalysis test for mercury may be performed on any dental staff when indicated.

Section 10. X-Ray

X-ray units must be inspected in accordance with Bureau policy. Proper filtration, collimation, shielding, and control over time-intensity shall be used. Lead protective aprons and environmental shielding shall be used and inspected annually (see Chapter X, Section 13).

Appropriate dental staff and inmate workers shall be issued radiation monitoring badges and be monitored according to Bureau policy (see Chapter X, Section 14).

Section 11. Dental Diets

Special diets shall be prescribed for a limited time and renewed consistent with local policy. An appropriate diet shall be made available for all patients with intermaxillary fixation (see Chapter VI, Section 9).

Section 12. Intermaxillary Fixation

A means of removing fixation is to be readily available to staff who are supervising inmates with intermaxillary fixation.

Section 13. Biopsy Service

All institutions shall have a pathology service available. An agreement between the PHS and the National Naval Dental Center allows Bureau clinics to send their biopsy specimens to Bethesda, Maryland, or San Diego, California. If necessary, a telephone or telegram response may be requested. Mail containers and forms can be obtained from:

Chief, Oral Pathology Service
National Naval Dental Center, Bethesda, MD 20014
or
Chief, Oral Pathology Service
Naval Dental Center, San Diego, CA 92136-5147

All results shall be reviewed and initialed by the referring practitioner and referred to the Tissue Committee. Biopsy findings shall be explained to the patient and so noted in the treatment record.

QUALIFICATION BRIEF - DENTAL HYGIENIST
(EXAMPLE)

_____ has demonstrated the necessary qualifications to perform the below-listed functions. Performance standards have been met through education, training, and experience. The applicant must provide evidence of current certification and/or licensure.

I. Patient Care:

- a. Plans and conducts oral health educational programs.
- b. Provides prophylactic and preventive oral hygiene procedures for patients.
- c. Operates radiographic equipment, processes film, and makes preliminary interpretation to identify gross oral pathology.
- d. Performs screening exams and charts existing conditions.
- e. Places transitional restorations in emergency situations.

II. Administration:

- a. Assist in scheduling.
- b. Maintains daily statistics.
- c. Prepares reports as needed.
- d. Assists in record management.

III. Security Responsibilities:

- a. Knowledgeable of Bureau policies.
- b. Knowledgeable of institutional supplemental policies.
- c. Exercises custodial control in the work area.

Dental Hygienist

Date

Chief Dental Officer

Date

Health Services Administrator

Date

Clinical Director

Date

DENTAL HYGIENE PRIVILEGE STATEMENT
(EXAMPLE)

Name: _____ Institution: _____

Type of Care: _____ Performs _____
=====

| | | |
|--|-----|----|
| A. Records patient's dental/medical history | yes | no |
| B. Performs dental prophylaxis | yes | no |
| C. Performs deep scaling, root planing | yes | no |
| D. Takes radiographs; preliminary interpretation | yes | no |
| E. Provides oral health education | yes | no |
| F. Performs screening exam | yes | no |
| G. Places periodontal dressing | yes | no |
| H. Places anesthetic, topical | yes | no |
| I. Performs anesthetic injections | yes | no |
| J. Places topical fluoride application | yes | no |
| K. Performs CPR | yes | no |
| L. Places transitional restorations | yes | no |
| M. Delivers post-op hemorrhage care | yes | no |

N. Other: _____

_____ RDH

Date: _____

_____ CDO

QUALIFICATION BRIEF - DENTAL ASSISTANT
(EXAMPLE)

_____ has demonstrated the necessary qualifications to perform the below-listed functions. Performance standards have been met through education, training, and experience. The applicant must provide evidence of current certification and/or licensure.

I. Patient Care:

- a. Plans and conducts oral health education programs.
- b. Is knowledgeable about dental materials.
- c. Operated radiographic equipment. Takes, processes, and mounts radiographic films.
- d. Is knowledgeable about dental terminology and charting techniques.
- e. Is knowledgeable about restorative, prosthetic, endodontic, periodontic, and oral surgical procedures and can demonstrate the ability to assist the primary care provider.
- f. Performs CPR.

II. Administration:

- a. Assist in scheduling.
- b. Maintains daily statistics.
- c. Prepares reports as needed.
- d. Assists in record management.
- e. Is knowledgeable of OSHA guidelines for dental practices.

III. Security Responsibilities:

- a. Knowledgeable of Bureau policies.
- b. Knowledgeable of institutional supplemental policies.
- c. Exercises custodial control in the work area.

Dental Assistant

Date

Chief Dental Officer

Date

Health Services Administrator

Date

Clinical Director

Date

DENTAL ASSISTANT PRIVILEGE STATEMENT
(EXAMPLE)

Type of Care:

=====

| | | |
|--|-----|----|
| A. Records patient's dental/medical history. | yes | no |
| B. Places rubber dam. | yes | no |
| C. Mixes dental materials. | yes | no |
| D. Takes and mounts radiographs. | yes | no |
| E. Provides oral health education. | yes | no |
| F. Performs screening exam. | yes | no |
| G. Places periodontal dressing. | yes | no |
| H. Places anesthetic, topical. | yes | no |
| I. Removes sutures. | yes | no |
| J. Takes preliminary prosthetic impressions. | yes | no |
| K. Performs CPR. | yes | no |
| L. Places transitional restorations. | yes | no |
| M. Delivers post-op hemorrhage care. | yes | no |
| N. Performs minor prosthetic repairs. | yes | no |
| O. Performs cementation of crowns and bridges. | yes | no |
| P. Places packing for alveolitis condition. | yes | no |
| Q. Performs supragingival cavitroning. | yes | no |
| R. Fabricates custom trays, bite rims, night guards. | yes | no |
| S. Other:_____ | yes | no |

FEDERAL BUREAU OF PRISONS
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication? yes no
If so, what? _____
2. Are you allergic to or have you had a reaction
to any medication or drug? If so, what? yes no

3. Have you been under the care of a physician during
the past two years? If so, why? yes no _____
4. Have you been hospitalized in the past two years?
If so, why? yes no _____
5. Do you have or have you ever had a heart murmur
or been treated for a heart condition? yes no
6. Do your ankles ever swell during the day? yes no
7. Have you ever been treated for a tumor or growth? yes no
8. Have you ever had abnormal bleeding? yes no
9. Have you ever had serious difficulty with any
dental treatment? yes no
10. Have you ever had clicking, popping, or pain
in your jaw joint? yes no

Circle any of the following that you have had:

| | |
|--|-----------------------|
| Congenital heart defects | Heart murmur |
| Heart attack or heart problems | Angina |
| Stroke | High Blood pressure |
| Rheumatic Fever | Heart pacemaker |
| Asthma | Epilepsy or seizures |
| Anemia (blood problems) | Diabetes |
| Thyroid problems | AIDS or HIV infection |
| Chronic bronchitis | Emphysema |
| Venereal disease (syphilis, gonorrhea) | Tuberculosis (TB) |
| Arthritis | Psychiatric treatment |
| Artificial heart valve | Artificial joint |
| Hepatitis | |

Do you currently use tobacco (cigarettes, chewing tobacco,
snuff)? yes no

Do you have any disease, condition, or problem not listed?
WOMEN ONLY: Are you pregnant?

Name: _____ Reg No. _____

Institution: _____ Date: _____

FEDERAL BUREAU OF PRISONS
HISTORIA CLINICA DE ODONTOLOGIA Y MEDICA

- | | | |
|--|----|----|
| 1. Que medicinas esta tomando actualmente? Si es si, el nombre _____ | Si | No |
| 2. A que medicinas es usted alergico? Si es si, el nombre _____ | Si | No |
| 3. Tuvo alguna enfermedad durante los ultimos dos anos que requirio ver un doctor? Si es si, por que? _____ | Si | No |
| 4. Ha estado usted en el hospital durante los ultimos dos anos? Si es si, por que? _____ | Si | No |
| 5. Tiene usted o ha tenido historial de un soplo en el corazon o ha sido tratado por alguna otra condicion cardiaca? | Si | No |
| 6. Se le hinchan los pies? | Si | No |
| 7. Tiene cancer? Desde cuando? _____ | Si | No |
| 8. Sangra usted con exceso? | Si | No |
| 9. Ha tenido problemas con algun tratamiento dental? | Si | No |
| 10. Ha tenido usted alguna vez temblores, dislocaciones o dolores en su mandibula? | Si | No |

Que enfermedades o sintomas tiene? De reconocerlos
una marca:

| | |
|---------------------------------------|--------------------------|
| Defectos del corazon | Soplo cardiaco |
| Ataque del corazon | Angina |
| Fiebre reumatica | Presion alta |
| Apoplejia o derrame cerebral | Marcapasos |
| Asma o fatiga | Convulsiones |
| Anemia (problemas de sangre) | Diabetes |
| Hepatitis (problemas del higado) | SIDA o infeccion de HIV |
| Proplemas de tiroies | Enfisema |
| Bronquitis | Tuberculosis |
| Enfermedad venerea (gonorrea/sifilis) | Desordenes psiquiatricos |
| Artritis | Coyunturas artificiales |
| Valvulas artificiales | |

| | | |
|---|----|----|
| Usa usted frecuentemente tabaco (cigarrillos, mascar, rape)? | Si | No |
| Tiene otras enfermedades que no esten en esta lista? | Si | No |
| LAS MUJERES: Esta usted embarazada o encinta? | Si | No |

Nombre _____ Numero _____

INFORMED CONSENT FOR ORAL AND MAXILLOFACIAL SURGERY

Procedure: _____

Alternative to surgery:

I understand that if this procedure is not performed my condition may worsen resulting in complications including but not limited to:

1. Infection
2. Pain
3. Health complications beyond the present problem.

Possible complications which have been explained to me:

1. Pain
2. Dry socket (alveolitis)
3. Infection
4. Decision to leave a small piece of tooth root in the jaw when its removal would require extensive surgery and increased risk of complications.
5. Bleeding and bruising
6. Swelling
7. Injury to adjacent teeth or restorations
8. Maxillary sinus involvement
9. Nerve injury
10. Bony fractures
11. Temporomandibular joint disorder

I have had the opportunity to discuss and to ask question about my surgery with Dr. _____.

I consent to the surgery as described.

Date: _____ Time: _____

Patient's printed name and number

Patient's signature

Doctor's printed name

Doctor's signature

Witness (Not Required)

Institution: _____

PERMISO PARA CIRUGIA ORAL & MAXILLOFACIAL

Procedimiento:

Alternativa a la cirugia: Entiendo que si no me hacen este prodedimiento se prodria empeorar este problema. Resultados posibles incluyen:

1. Infeccion
2. Dolor
3. Complicaciones de su salud en el futuro puede suseder si su problema present continua.

Se me han explicado estas complicaciones posibles relacionadas con la cirugia.

1. Dolor
2. Alveolo seco
3. Infeccion
4. Perdida de sangre, moretones
5. Hinchazon
6. Dano a otras muelas o al empaste de otra muela.
7. Perforacion del seno maxilar.
8. Dano a un nervio
9. Fractura de hueso.
10. Puede que se decida dejar un pedacito de la raiz de la muela si se ve que el proceso de extraerla requiere cirugia mas complicado y podria resultar en otras dificultade.
11. Trastorno en la junta temporo-mandibular

Se me ha ofrecido la oportunidad de hablar con el/la doctor(a) _____ y de hacerle prequntas acerca de la cirugia.

Doy el permiso para que me la hagan.

Firma del paciente

Fecha/Tiempo

Firma del dentista

DENTAL CLINIC BLOOD AND BODY FLUID GUIDELINES

I. USE OF PROTECTIVE ATTIRE AND BARRIER TECHNIQUES

A. Gloves

Disposable (latex or vinyl) gloves should be worn by persons who are in contact with blood, tissue, body fluids, mucous membranes, non-intact skin, excretions, or equipment or surfaces potentially contaminated with these fluids. Gloves must be changed between all patient contacts. Repeated use of a single pair of gloves by disinfecting them between patients may not prevent cross-contamination between patients, and is not recommended.

B. Face masks and protective eyewear

Surgical masks and protective eyewear or chin-length plastic face shields should be worn when splashing or spattering of blood or other body fluids is likely. Dental staff members should wear these items while performing treatment on all patients. The dental patient should also be provided with protective eyewear.

C. Gowns

Reusable or disposable gowns, laboratory coats, or uniforms must be worn when clothing is likely to be soiled with blood or other body fluids. If reusable gowns are worn, they may be washed, using a normal laundry cycle at the institution or at a commercial laundry. See the HSA for local policy. Gowns may not be taken home for laundering. Gowns should be changed at least daily or when visibly soiled with blood.

D. Surface barriers

Impervious-backed paper, aluminum foil, or clear plastic wrap should be used when ever indicated to cover surfaces (e.g., light handles or x-ray unit heads) that may be contaminated by blood or saliva and that are difficult or impossible to disinfect. The coverings should be removed, discarded, and then replaced with clean material between patients.

E. Other protective measures

All procedures and manipulations of potentially infective materials should be performed carefully to minimize the formation of droplets, splatters, and aerosols, where possible. Use of rubber dams, where appropriate, high speed evacuation, and proper patient position should facilitate this process.

II. HANDWASHING AND CARE OF HANDS

Hands should be washed before and after the care of each patient. When gloves are torn, cut or punctured, they must be removed immediately, hands thoroughly washed, and regloving accomplished before completion of the dental procedure. Hands should be washed with an antimicrobial handwash. Cuts and sores on hands should always be covered. Health care workers with oozing sores or weeping dermatitis should refrain from practicing.

III. USE AND CARE OF SHARP INSTRUMENTS AND NEEDLES

- A. All employees who perform or assist in dental procedures must use extraordinary care to prevent injuries to hands caused by needles, scalpels, and other sharp instruments or devices during procedures; and when cleaning dirty instruments. After use, disposable syringes and needles, scalpel blades, and other sharp items must be placed into a puncture-resistant container located in the dental clinic. Only institution staff will handle these items.
- B. Dental needles should only be recapped by using the one hand technique or by placing the cap in a shield or holder so that the needle can be guided back into the cap without injury.
- C. A new sterile syringe and needle must be used for each patient.

IV. STERILIZATION AND DISINFECTION OF INSTRUMENTS AND EQUIPMENT

A. Instrument Cleaning

Before high level disinfection or sterilization, instruments must be cleaned to remove debris. Cleaning may be accomplished by a thorough scrubbing with soap and water, or by using a mechanical device. (e.g., ultrasonic cleaner or dishwasher). Persons involved in cleaning and decontaminating instruments should wear heavy duty rubber gloves to prevent hand injuries.

B. Sterilization of instruments

Metal and heat-stable dental instruments will be routinely sterilized between use by steam under pressure (autoclaving) or by dry heat. The adequacy of sterilization cycles will be verified by weekly use of spore-testing devices. When necessary, high level sterilization of heat-sensitive instruments will be accomplished by up to ten (10) hours exposure in a liquid chemical agent registered by the EPA as a disinfectant sterilant.

C. High level disinfection

High level disinfection will be accomplished by immersion into an EPA registered disinfectant/sterilant chemical for the exposure time recommended by the chemical's manufacturer.

D. Decontamination of work surfaces

At the completion of work activities, counter tops and surfaces that may have been contaminated with blood or saliva should be wiped with absorbent toweling to remove extraneous organic material, then disinfected with a suitable chemical disinfectant.

E. Use and care of ultrasonic sealer, handpieces, and dental units

1. Handpieces should be sterilized between patients. Before sterilization, water-cooled handpieces should be flushed by running the handpiece for 20-30 seconds, discharging the water into a sink or container. Then the handpiece should be scrubbed to remove adherent debris. If the handpiece can not be sterilized, it should be wiped with a material saturated with a chemical germicide that is registered with the EPA as being a microbactericidal. The disinfecting solution should remain in contact with the handpiece for a time specified by the disinfectant's manufacturer. Every effort should be made to obtain sterilizable handpieces.
2. Ultrasonic scalers and air/water syringes should be treated in the same manner as handpieces.

V. HANDLING OF BIOPSY SPECIMENS

Each specimen should be put in a sturdy container with a secure lid to prevent leaking during transport. Care should be taken to avoid contamination of the outside of the container. If the outside of the container is visibly contaminated, it should be cleaned and disinfected, and placed in an impervious bag and then taken to the laboratory.

VI. DISPOSAL OF WASTE MATERIALS

- A. Disposable needles, scalpels, or other sharp items will be placed intact into puncture-resistant containers before disposal.
- B. Other solid waste contaminated with blood or other body fluids will be placed in an infectious waste container located in the dental clinic. These containers will be disposed of by the Health Systems Administrator or his appointee in accordance with established policy. Waste containers will be emptied regularly according to local policy.

VII. INFECTION CONTROL IN THE DENTAL LABORATORY

- A. Materials, impressions, and intraoral appliances should be cleaned and disinfected before being handled, adjusted, or sent to a dental laboratory. These items should also be cleaned and disinfected when returned from the dental laboratory and before placement in the patient's mouth.
- B. Impressions and intraoral appliances will be disinfected by immersion. A suitable chemical germicide which is microbactericidal and correctly diluted will be utilized. The impression should then be rinsed with water and poured.
- C. Pumice used for prostheses which have been in the mouth should be changed after each patient.
- D. The ragwheel should be properly disinfected.
- E. Case pans should also be properly disinfected.
- F. Work benches and sinks should be disinfected daily.

VII. SPECIAL PRECAUTIONS FOR INFECTIOUS DISEASES

A. Medical History

The medical history should be reviewed before treating each patient. If no history form is located in the chart, a history should be obtained. Questions should be asked regarding medications, current illnesses, hepatitis, recurrent illnesses, unintentional weight loss, lymphadenopathy, oral soft tissue lesions, or other infections.

B. Immunizations

- 1. The Center for Disease Control recommends that all dental personnel who have routine patient contact be vaccinated against Hepatitis B. Contact the HSA and CD about vaccination for dental staff.
- 2. All inmates assigned to the dental clinic should be serologically tested for hepatitis associated antigen. Those inmates found with a positive titer of hepatitis antigen B should not be allowed to work in the dental clinic.
- 3. Dental clinic inmate workers should be counseled about the Hepatitis B vaccine and provided the vaccine if the serological test so indicates.

DATA MANAGEMENT REPORT
BP-DEN-1

Institution: _____ Region: _____

Quarter _____ Year _____

Provider: _____ SSN: _____

Specialty Code: _____

- I. Dental Appointments:
A. Routine (10001): _____
B. Sick Call/Emerg. (10002): _____
C. Consultant I (10003): _____
D. Consultant O (10004): _____ Total(10000): _____
- II. Examinations
A. Initial Screening (21000): _____
B. Modified Init. Screening (22000): _____
C. Oral Examinations
1. Comprehensive (23000): _____
2. Periodic (24000): _____ Total(20000): _____
- III. Periodontal Procedures Provided
A. Prophylaxis (51000): _____
B. Ging. Curettage/Root Plan (52000): _____
C. Perio. Surgery (53000): _____
D. Occl. Equil. (54000): _____
E. TMD Related Procd. (55000): _____ Total(50000): _____
- IV. Restorative Procedures Provided
A. Permanent (61000): _____
(no. of surfaces____)
B. Interim (62000): _____
C. Units Cr./Bridge (63000): _____ Total(60000): _____
- V. Endodontic Procedures Provided
A. Initial Access Preps (71000): _____
B. Interim Appts. (72000): _____
C. Canals Completed (73000): _____ Total(70000): _____
- VI. Prosthodontic Appliances/Procedures Provided
A. Complete Dentures (81000): _____
B. Removable/Fixed Partial (82000): _____
C. Unspecified OS Procedures (83000): _____ Total(80000): _____

VII. Oral Surgical Procedures Provided

A. Extractions (91000): _____
B. Unspecified OS
Procedures (92000): _____ Total(90000): _____

VIII. Other

A. Consultation Appointments
(00001): _____
B. No. of Prescriptions
Written (00002): _____
C. No. Medical Duty
Status Changed (00003): _____
D. No. Failed Appointments
(00004): _____
E. No. of Completed
Patients (00005): _____
F. Length in Weeks -
Waiting List (00006): _____

IX. Personnel

A. Workdays (00100): _____
B. No. of Full-Time Staff
(00200): _____
1. Dentist (00210): _____
2. Hygienist (00220): _____
3. Dental Asst. (00230): _____
4. Inmate Asst./Tech.
(00240): _____
C. No. of Contract Staff
(00300): _____
1. Dentist (00310): _____
2. Hygienist (00320): _____
3. Dent. Asst. (00330): _____
4. COSTEP (00340): _____

X. Data Management

A. Average Number of Patient Appt. Per Day (00400): _____
B. Average Number of Procedures Per Appt. (00401): _____
C. Production Index (00402): _____
D. Average Ratio of Patient Seen Daily (00500): _____
1. Routine (00510): _____
2. Sick call (00520): _____
3. Initial Screening Exams
(00530): _____

Prepared by: _____ CDO, Date _____

_____ HSA, Date _____

_____ CEO, Date _____

DAILY DENTAL WORKSHEET

A. DAILY DENTAL WORKSHEET

1. INSTITUTION - Institution where services were provided

2. DATE - Day, month, year when services were provided

3. APPOINTMENT TYPE:

10001 ROUTINE - Use this code for any regularly scheduled, non sick call emergency type dental appointment. Patient's whose appointments are canceled or rescheduled should not be counted in the total number of appointments for the day.

10002 SICK CALL/EMERGENCY - Use this code for any appointment which is not a call-out appointment. Patients who are triaged and reappointed later in the day should only be counted as one appointment.

10003 CONSULTANT-I - use this code for any in-house appointment with any contract dental consultant. The consultant should have his/her own Daily Worksheet Sheet.

10004 CONSULTANT-O - Use this code to record any appointment an inmate has with a contract dental consultant outside the institution. The information should be recorded on the Daily Worksheet of the referring practitioner.

B. PROVIDER IDENTIFICATION:

1. NAME - Self explanatory

2. SOCIAL SECURITY NUMBER - Self explanatory, reported on BP-DEN-1.

3. SPECIALTY - Place the code indicated on the BP-DEN-1.

10006 - General Dentist
10007 - Oral Surgeon
10008 - Periodontist
10009 - Prosthodontist
10010 - Endodontist
10011 - Dental Hygienist
10012 - Dental Assistant
10013 - COSTEP Dentist
10014 - COSTEP Hygienist

C. DIAGNOSTIC

- 21000 INITIAL SCREENING EXAM - This code is used to report the type of exam required on all new commitments during their first 14 days of incarceration. Examine the teeth, soft tissue and do a periodontal screening (CPITN); no radiographs are required. All findings are to be charted on BP-S618.060. Patients should be notified of the findings and how to seek care.
- 22000 MODIFIED INITIAL SCREENING - This code is used to record an exam done on SF-88, section 44. Approval to do this type of exam must be granted by the Chief Dentist.

ORAL EXAMINATION

- 23000 Comprehensive - The comprehensive exam is a thorough visual and tactile examination of the hard and soft tissue. It is to include a medical history review, necessary radiographs, and a complete CPITN.
- 24000 Periodic - The periodic exam is an exam provided after the initial and comprehensive exams. It includes a medical history review, necessary radiographs, hard and soft tissue evaluation and a complete CPITN.

D. PERIODONTAL

Codes include local anesthesia, the placing of periodontal dressing and/or sutures. Codes are based on the practitioner utilizing currently accepted clinical techniques.

- 51000 PROPHYLAXIS - This code is used to record the number of patients who received a dental prophylaxis. This code includes polishing with a fluoridated paste.
- 52000 GINGIVAL CURETTAGE/ROOT PLANING - This code is used to record the number of gingival curettage and/or root planing procedures performed. Record per two quadrants or 20 minute time blocks on CPITN category III and IV patients.
- 53000 PERIODONTAL SURGICAL PROCEDURES - Use this code to record the number of any of the following procedures which were performed: gingivectomy, gingivoplasty, gingival flap procedure, osseous surgery, or grafting. Record per quadrant.

- 54000 OCCLUSAL EQUILIBRATION - Use this code to record any occlusal equilibration/adjustments. Record per visit.
- 55000 TMD TREATMENT - Use this code to record any TMD related treatment which might include: heat therapy, night guards, and counseling.

E. RESTORATIVE

Codes include, when applicable, the use of local anesthetics, the placement of a rubber dam, tooth preparation, etching and bonding procedures, the placement of pulp protectors, bases, and/or cavity liners, the use of pins or post, adaptation of a matrix, carving, and final polishing. All treatment will be based on currently accepted techniques and the brand names of the materials used should be documented.

- 61000 PERMANENT RESTORATIONS - Use this code to record the number of teeth where a restorative material which would be considered permanent in nature, such as amalgams, composites is placed. The placing of preformed crowns is also recorded under this code.
- (no. of surfaces) - record the number of surfaces filled when placing permanent restorations. Do **not** include this number in the Total(60000).
- 62000 INTERIM RESTORATIONS - Use this code to record the number teeth where any restorative material which is placed because of its non-permanent or medicinal properties, such as Cavit or IRM. The recementation of existing crowns/Maryland Bridges is also recorded under this code.
- 63000 UNITS OF CROWN/BRIDGE - Use this code to record the number of cast crowns or units of fixed bridge work initially placed.

F. ENDODONTICS

Codes include the placement of a rubber dam, and local anesthesia; does not include final restoration. All therapy will be based on currently accepted techniques.

- 71000 INITIAL ACCESS PREPARATION - This code is to record the number of teeth where procedures required to gain adequate access to and remove all or a portion of the pulpal tissue in order to initiate endodontic therapy has been performed.

- 72000 ENDODONTIC INTERIM APPOINTMENTS - Use this code when seeing the patient for an interim endodontic therapy appointment.
- 73000 CANALS COMPLETED - Use this code to record all canals obturated.

G. PROSTHODONTICS

Cases are based on currently accepted techniques.

- 81000 COMPLETE DENTURES - Use this code to record the number of all new full denture delivered.
- 82000 CAST APPLIANCES - Use this code to record the number of new cast removable partial dentures or Maryland Bridges inserted.
- 83000 ACRYLIC APPLIANCES - Use this code to record any removable acrylic partial denture delivered.
- 84000 UNSPECIFIED PROSTHETIC PROCEDURE - This code is used to record the following prosthetics procedures: reline or repair deliveries, adjustments, tooth preparation, impressions, record talking, and/or try-ins.

H. ORAL SURGERY

Codes include reviewing the patient's health history, obtaining a consent form, the use of local anesthesia, placing and removal of sutures if applicable, and post operative instructions. Codes are based on currently accepted clinical techniques.

- 91000 EXTRACTIONS - Use this code to record any tooth or tooth fragment that is removed.
- 92000 UNSPECIFIED ORAL SURGERY PROCEDURES - Use this code to record the following oral surgical procedures: biopsy, alveoloplasty, osteitis therapy, apicoectomy, etc.

I. OTHER

- 00001 CONSULTATIVE APPOINTMENT - Use this code when discussing with the patient possible treatment needs, explaining existing pathological conditions, or how to interact with Dental Services.
- 00002 PRESCRIPTION - This code is used to record the number of prescriptions written.

- 00003 CHANGE/MDS - This code reflects the number of patient's medical duty status changed: lay-in, medically unassigned, etc.
- 00004 FAILED APPOINTMENT - Use this code to record the number of patients who have an unexcused absence from their scheduled call-out. Patients who have excused absences should not be counted as patients seen.
- 00005 PATIENT COMPLETED - Use this code to record any patient whose planned treatment has been completed; use this code one (1) time annually.

J. PERSONNEL/STAFFING

- 00100 WORKDAYS - The total number of days the practitioner was in the clinic seeing patients, ie: the number of workdays available for the quarter minus sick leave, minus annual leave, minus administrative leave and minus holidays. Round off the number to a whole workday.
- 00200 NUMBER OF FULL TIME STAFF - This information is to be recorded only once each quarter and is to be filed by the Chief of Dental Services.
- 00300 NUMBER OF CONTRACT STAFF - This information is to be recorded only once each quarter and it is to be filed by the Chief of Dental Services.

K. MANAGEMENT DATA

- 00400 AVERAGE NUMBER OF PATIENT APPOINTMENTS PER DAY - This number is developed by subtracting the number of failed appointment from the total number of patients seen and dividing the result by the number of workdays. The number is to be rounded off so it can be expressed as a whole number.
- 00401 AVERAGE NUMBER OF PROCEDURES PER APPOINTMENT - The procedure number is developed by adding the **totals** of the following categories:
- Oral Examinations (Comprehensive and Periodic)
 - Periodontal Procedures Provided
 - Restorative Procedures Provided
 - Endodontic Procedures Provided
 - Prosthodontic Appliances/Procedures Provided
 - Oral Surgical Procedures Provided

Then develop the number of appointments utilized for these procedures by using the figure for the total number of appointments and subtracting the number of failed appointments and the number initial and modified initial screening examinations, (this is the Number of Procedure Appointments) then divide the total number of procedures by this number. Express the number to one decimal place.

00402 PRODUCTION INDEX - This number is developed by dividing the Number of Procedure Appointments by the number of workdays. (Average Number of Procedures Appointments per Day) then multiplying this number by the Average Number of Procedures per Appointment. Express the number to one decimal place.

AVERAGE RATIO OF APPOINTMENTS (00500) - To achieve this ratio:

00510 Routine Appointments - Divided the number of routine appointments, minus the initial screening exams, minus the number of failed appointments by the number of workdays.

00520 Sick Call - Divide the Sick Call appointments by the number of workdays.

00530 Initial/Modified Initial Screening Exam - Divide the number of screening exams by the number of workdays. Round off to a whole number.

DENTAL CLINIC SECURITY PROCEDURES POLICY
(Example)

POLICY:

All staff will be knowledgeable of and will practice Federal Bureau of Prisons correctional policy and procedures. This will involve reading program statements and institutional supplements, such as:

1. Dangerous Material
2. Sanitation/Safety/Fire Protection
3. Hazardous Waste Management
4. Inmate Discipline and Special Housing Units
5. Accountability for Inmates
6. Tool and Dangerous Material Control
7. Callouts

The following directives are specific to the Dental Clinic:

INMATE SUPERVISION:

When inmate workers or inmates with appointments do not report to the Dental Clinic within 10 minutes of the assigned times the following procedures will be utilized:

1. Dental clinic staff will report to the hospital officer the missing person's name, number, and work assignment, so that the officer may establish the accountability of the inmate. If the officer is unavailable, a dental clinic staff member will establish the accountability of the inmate.
2. If the inmate can not be located, Institution Supplement directions will be followed.

SEARCHES:

The hospital correctional officer will perform searches of the dental clinic inmate workers on a regular, unscheduled basis when they exit the clinic. In his/her absence, the dental clinic staff will handle this function.

CONFIDENTIALITY OF MEDICAL/DENTAL RECORDS:

Inmates employed in the dental clinic and who are enrolled or who have completed the Department of Labor's Dental Assistant Apprenticeship program will be allowed to do the initial charting of SF 521. The form will be separated from the total record during the charting phase. All records will be under the personal supervision of the dental clinic staff when in the clinic area.

When not being utilized the records will be maintained in an "off limits" area.

NEEDLE AND SYRINGE CONTROL:

All needles will be controlled as a class A tool. All bulk supplies of needles will be stored and controlled in the pharmacy vault. A working stock will be maintained in the dental clinic in a secure area and will be inventoried before beginning treatment and following all treatments for the day. In addition, each dentist will maintain a separate log for documenting the patient's name, number, time and date the needle was used. These forms will be turned into the HSA's office at the end of each weeks use. Each practitioner will be assigned a needle block which will be maintained at the chairside in a locked drawer; these blocks will be issued daily after the morning inventory and returned for the afternoon inventory. Dental syringes will be maintained in the locked drawer at the chairside. Only dental staff will set up or breakdown syringes. Inmate assistants will be allowed to autoclave needleless syringes. An inventory of the syringes in the clinic will be maintained. Used needles will be placed in a secure box located at the chairside; when full, these boxes will be placed in the hazardous waste trash storage by a staff member.

ACCOUNTABILITY OF FLAMMABLES AND HAZARDOUS CHEMICALS

The Chief of Dental Services will assure the proper accountability of all flammables and hazardous chemicals following the institution's policy supplement. The staff dentist will be the dental clinic's Hazardous Material Control person; the staff dental assistant will provide daily monitoring and inventory adjustment if indicated. Institution Policies to be used are :

1. Tool and Dangerous Material Control
2. Dangerous Materials
3. Hazardous Waste Management
4. OSHA Hazardous Communication Standards

ACCOUNTABILITY OF CLINICAL INSTRUMENTS, MATERIAL AND DENTAL LAB
TOOLS/EQUIPMENT:

The dental staff will be responsible for a daily check of clinical instruments and laboratory tools and instruments. A quarterly inventory of all instruments and tools/equipment will be conducted quarterly and logged. All dental impression materials will be inventoried quarterly and secured when not in use. These materials will always be under the direct supervision of a staff member when in use. All dental lathes will be secured and under direct staff supervision when in use. The Institution Supplement on Tool and Dangerous Material Control will be followed.

DENTAL CLINIC
POLICY AND PROCEDURE MANUAL
(Example)

DENTAL CLINIC SECURITY MEASURES

POLICY:

Due to the nature of the patient population, it is imperative that measures be delineated to assure patient confidentiality and to maintain the security of equipment and supplies in the dental clinic.

PROCEDURE:

A. Inmate Supervision:

Inmates should not be in the dental clinic without staff supervision. All dental staff members are responsible for the supervision of any inmates that are in the dental clinic. Dental clinic inmate workers may be periodically pat searched for contraband.

B. Inmate Health Records:

Confidentiality of patient records is of critical importance because of the Freedom of Information Act (FOI). Public knowledge of sensitive information that may be in an inmate's health record can affect his personal safety. This information can also have an effect on the security of the institution. All dental staff must make every effort to safeguard these records.

1. When records are not in use, they should be secured in a locked cabinet.
2. Health records should be returned to the record department in a timely manner.
3. All records are to be returned by the end of each day.
4. Inmates must never have access to health records.

C. Needles and Syringes

1. Dental needles will be stored in a secure metal cabinet located in the dental clinic. The use of needle should be recorded in a log that contains the following information:
 - a. inmate's name and number
 - b. date and time of use
 - c. the dental officer's signature
2. Needles will be disposed of in an approved container located in the dental clinic.
3. The dental aspirating syringe is not considered a syringe in the strictest sense. However, it is an instrument that should be secured daily. Any other syringes acquired by the dental staff will be secured and inventoried daily.

D. Flammable Items

Flammable items are a special concern of the safety department. Guidelines for their accountability, storage, distribution and use in the dental clinic have been established in conjunction with the safety officer.

1. The bulk supply of flammable liquids and gasses will be secured and stored in an approved flammable liquids cabinet located in the institution armory.
2. A small working supply of chemicals will be stored in a secure area of the dental clinic. These items will be issued as necessary by the Chief Dental Officer or designee. Unused portions will be gathered at the end of the day and returned to the storage area.
3. Bin cards will be maintained on each time to reflect accurate on-hand amounts, acquisitions, and withdrawals.
4. The contents of most pressure cylinders are flammable, and the cylinder itself is a potential explosive. All cylinders will be stored in a secure area of the dental clinic.

E. Hazardous chemicals

Some products and medicaments used in the dental clinic are considered hazardous. They include liquid impression adhesives, certain solvents and cleaning solutions, mercury, bulk acids, bulk developer and fixer, and medicaments such as the para-chloro-phenols and the creosols. These materials are to be used under direct supervision by dental staff members and will be kept in a secure location when not in use.

F. Class A and B tools

Class A and B tools are stored and inventoried in accordance with tool control policies.

1. The dental saw, wire cutter, and utility knives are stored on a shadowboard located in the hospital pharmacy. They are inventoried quarterly by the tool control officer and the pharmacist.
2. Plaster spatulas are stored with the oral surgery instruments in the dental clinic. They are stored in a secure location and are inventoried quarterly.

G. Oral Surgery Instruments

Oral surgery instruments pose a limited but definite security risk and are considered dangerous.

1. All oral surgery instruments are to be stored in a secure location in the dental clinic. These instruments are recorded on a tool inventory sheet and are inventoried quarterly.
2. Scalpel blades and suture needles will be stored with the oral surgery instruments. They will be disposed of in an approved needle container located in the dental clinic.

H. Dental Instruments

Dental instruments will be secured daily in the clinic. After consultation with the tool control officer, it was determined that these instruments need not be recorded on a tool inventory sheet.

I. Dental Operative Materials

1. These materials are too numerous and of no special security risk to attempt to establish any meaningful security guidelines other than the watchful eye and good sense of the dental staff.
2. Mercury products and local anesthetics are to be stored in a secure location and distributed in an amount that might be used in a day. Unused portions of these products will be returned to their storage site at the end of the day.

J. Endodontic and Periodontic Instruments

These instruments will be stored in a secure location in the dental clinic.

K. Laboratory Instruments

1. Dental lathe chucks and the electric motor handpiece will be stored in a secure location. These items will be issued on a daily basis.
2. Laboratory hand instruments will be secured daily.

L. Impression Materials and Waxes

These items will be stored in a secure location. They will be distributed as needed and returned to the secure area at the end of each day. Impression materials and waxes should not be left unattended since they can be used to create masks and impressions of keys.

CHAPTER V: HEALTH RECORDS

Section 1. Standard

An accurate and complete health record and qualified health record practitioners are essential for delivery of health services. A quality health record system/health information management system is essential to provide all medical staff with an accurate understanding of a patient's history, diagnosis, and mode of treatment.

Section 2. Goal

A goal of an institution's Health Services Department is to maintain and manage a health record which enables all health team members to document health encounters and events. The health record also permits them to communicate critical information about their patients. It will permit continuity of care when inmates are transferred to other facilities.

Section 3. Health Record Function

Each facility shall designate an individual to manage the health record system. The responsibilities include, but need not be limited to:

- a. Managing the compilation of health records and the organized, standardized, health record format.
- b. Maintaining the confidentiality, security, and integrity of records.
- c. Assuring the availability and prompt accessibility of the health record to appropriate medical staff at all times.
- d. Participating in quality management/quality improvement activities and functions.

Each facility shall maintain a Health Information Management Section with the following minimal equipment requirements: Photocopier, Facsimile machine, Personal computer, Health Services Manual, Medical Dictionary, Health Records Management Text (Edna Huffman, current edition), and electric typewriter.

Section 4. Health Record Practitioners

Credentialed health record practitioners are either Registered Record Administrators (RRA) or Accredited Record Technicians (ART).

- a. **Registered Record Administrators (RRA):** Each RRA shall have a Bachelor's Degree in Health Information Management/Administration and have successfully passed the American Health Information Management Association's (AHIMA) registration examination.

b. **Accredited Record Technician (ART):** Each ART shall have an Associate Degree and passed AHIMA's accreditation examination or have completed the AHIMA's Independent Study Program, earned 30 hours of prescribed college credit, and have passed AHIMA's accreditation examination. Subject to the availability of funds, staff may request assistance under the Continuing Professional Education Program.

c. **Health Record/Health Information Management Consultant:** Institutions without a Bureau employed RRA or ART must either contract or acquire services of a consultant to evaluate the efficiency and management of the health record and health record system and make recommendations regarding implementation of health record policies and procedures. The consultant must visit the institution at least quarterly or more frequently as the institution deems necessary. The consultant shall submit a written report on the findings/recommendations resulting from each visit.

Titles of Medical Record Practitioners (OPM): The titles listed below are assigned to health record practitioners to define the level of practice at the institution at which they are employed.

- (1) Medical Records Administrator (GS-669 Series)
- (2) Medical Records Administrative Specialist
(GS-669 Series)
- (3) Medical Records Technician (GS-675 Series)

Section 5. Health Record

The health record is a compilation of data from many sources regarding the preventive, curative, and rehabilitative care and treatment of the inmate. The health record must be readily available, complete, current, and accurately reflect the inmate's health status and problems. It is a document which contains sufficient information to justify treatment and to document the results accurately.

a. Reliability of Records. The health record must be managed so that it is immediately available to the medical staff at all times.

Except as required by law, any record that contains clinical, social, financial, or other data on a particular inmate shall be treated in a strictly confidential manner and shall be protected from loss, tampering, alteration, destruction, and unauthorized or inadvertent disclosure of information. The health record is protected by the Privacy Act of 1974 from the scrutiny of unauthorized individuals.

Each component of the health record must be authenticated (signed or initialed and dated) by the practitioner. Healthcare providers must initial and date all requested studies (i.e., lab, x-ray, consults, operative and community reports) as proof that documents are seen and acted upon appropriately and contribute to quality of care. All health record entries must be legible and in black ink only.

If the recorded information consists of opinion, or if the factual information recorded can be disputed, then the provider may have to appear in a legal proceeding to validate it. Initials (other than over a block stamp) and illegible names are not permissible for subsequent review. Signatures and initials must be legible and authenticated.

Any notation in an inmate's health record indicating diagnostic or therapeutic intervention as part of clinical research shall be clearly contrasted with entries made with regard to the provision of care.

Corrections of recorded data in the record must be made properly. At no time should incorrect information be obliterated from the record so that it cannot be read; this suggests tampering with the record. A neat line should be drawn through the incorrect information, an explanatory note (i.e. error, wrong chart), and the date of correction and initials added to the correct data.

Late entries should be identified as such. The proper way to document a late entry is to write "Late entry for (date/time)." The date and time of the entry should be the date and time the note is actually written.

For each outpatient visit, the following information shall be entered in the inmate's health record:

- (1) Date and time (military time, i.e., 0700, 1200, 1400, etc.)
- (2) **S** - Chief complaint or purpose of visit
O - Objective findings
A - Diagnosis or medical impression
P - Studies ordered, such as lab, x-ray
- Therapies administered
- Disposition, recommendations, and instructions including education given to patient.

(3) Signature of practitioner and credential. In addition to the signature and credential, a block stamp shall be utilized and indicate at a minimum, the practitioner's name and professional credentials.

The use of medical abbreviations should be limited especially with the transfer of inmates from one institution to another. (refer to Attachment V-A)

b. Organization of the Health Record

(1) Except as required by law, the content and format of health records shall be maintained uniformly.

(2) All health care records pertaining to a sentenced inmate shall be filed in a yellow, six-part, hard back, pressboard jacket. In the case of unsentenced prisoners, a temporary record must be initiated.

(3) Psychological raw data, testing, and screening interviews shall be maintained by the Psychology Service in a folder separate from the health record. Other Psychology reports provided by Psychology Services will be filed under the Psychology divider in Section 2.

c. Health Record Format

(1) **SECTION 1**

All similar forms (i.e., SF-600's, laboratory reports, x-ray reports, medication sheets) shall be filed chronologically with the most current on top. All laboratory and x-ray results, whether performed in-house or the local community, shall be filed under the appropriate divider. Female-unique laboratory and x-ray results (pap, mammogram, pelvic, ultrasound, etc.) shall be filed under the OB/GYN divider in Section 2. The forms in Section 1 shall not be separated by institution.

BP-S149, Federal Prisoner In Transit (formerly 71)
SF-600 - most recent on top
Code Blue/Code 45 institution form in chronological order
with SF-600s

NOTE: When a record is transferred with an inmate, a new SF-600 shall be placed on top of the BP-S149 created for this particular inmate movement. Any BP-S149 created at an institution is to be filed beneath the current SF-600 (Examples: Out and Back to Court, Admissions to Local Hospitals). Inmate pictures are to be placed in back of Section 1 on inside of folder. Wound and evidentiary photographs (outpatient) will be filed in Section 5 and (inpatient) will be filed in Section 4.

(a) Laboratory Divider

SF-514 Laboratory test results

Reports not fitting on SF-514 (most recent on top)

(b) Radiology Divider

BP-S622.060 - Radiologic Consultation
Request/Report

Reports not fitting on BP-S622.060 (filed
chronologically; to include MRI, CT Scans and
tomograms)

Forms listed below (similar forms together with
most recent on top):

ECG's
Echocardiograms
EMG's

NOTE: Any laboratory or x-ray report documented on a
consultation form should be filed beneath
"Laboratory" or "Radiology" divider.

(c) Medication and Treatment Divider

BP-S353 Medication Sheet (most recent on top)

SF-602 Syphilis Treatment form

Forms listed below (similar forms together with
most recent on top):

Physical Therapy
Respiratory Therapy
Speech and Language
Activities

NOTE: BP-349 cards shall be filed as the last forms in
Section 1.

(2) **SECTION 2**

Forms are to be filed in the following sequence, top down:

Patient Problem List, BP-S620.060, (use current list
until receipt of revised form) list and date known
significant medical diagnoses and conditions, known
significant operative and invasive procedures, known
adverse and allergic drug reactions, and no known drug
allergies, if applicable.

Chronic Medication/Summary Sheet, list known
medications, including current prescriptions and over-
the-counter-drugs.

BP-S619.060 Immunization Record (do not start a new
form if one is present)

Flow Sheet (optional)

(a) History and Physical Divider

SF-88 Report of Medical Examination (file all physicals with most recent on top)

SF-531 Anatomical Figure (optional)

BP-S360 Medical History Report (all history forms filed with most recent on top)

BP-S354 Intake Screening (all forms with most recent on top)

(b) Consultation Divider

Transfer Summary, SF-513 consultation reports and documentation (i.e., letter provided as a result of a specialist's evaluation performed either in the institution or the local community).

Optometry consultations

Prescription eyeglass orders

Audiology reports

AIMS Forms

(c) Psychology Divider

Suicide Risk Assessment

Other Psychology Reports

(d) Outpatient Surgery Divider

SF-522 Authorization Report

SF-516 Operation Report

Tissue/Pathology Report

(e) OB/GYN Divider (all female-unique forms and reports related to evaluation of breasts, uterus, ovaries, etc.)

Flow Sheets (GYN, prenatal, etc.)

Consultations

Diagnostic procedures (i.e., pap smears, mammograms, pelvic, OB ultrasound, cervical biopsy reports)

NOTE: Institutions are authorized to use OB/GYN forms recommended by consultant providers.

(3) **SECTION 3 - Dental Section**

All dental radiographs

BP-S618.060 Clinical Dental Record

HSA 237 Dental Treatment Record (continuation)

Health Questionnaire

Consultation Form

Consent Form for oral/maxillofacial surgery

Other pertinent dental information records (i.e. Tissue Reports, Dental Laboratory Form, BP-S383 Inmate Property Record).

(4) **SECTION 4 - Inpatient Records**

Autopsy Reports other than Medical Referral Centers are to be filed at the top of this section.

Inpatient records from both institution and community facilities during an inmate's incarceration in Bureau custody shall be filed in this section and separated by each admission to inpatient status. Dividers shall be used to separate admissions.

Discharged Chart Order Only: (Filed most recent on top)

Inpatient Cover Sheet

Advance Directives (includes questionnaires)

Death Pictures

Wound and Evidentiary Photographs (inpatient)

Autopsy Report (preliminary & final, if different)

Death Certificate

Summaries (transfer, discharge, forensic evaluations, pre-release review, amendments, updates, etc.)

Consent to Admission (Mental Health)

Treatment Plans and Reviews (excludes Nursing Care Plans)

History & Physical (Initial Physical Assessment)

Doctors Orders (includes all inpatient orders)

Consultation Reports

Assessments (psychological, psychosocial, social, education, religious, activity therapy, vocational, AIMS, all except nursing)

Progress Notes

Nursing Care Plan

Nursing Notes

Nursing Assessment

Medication Consents

Medication Administration Records

Notification of Medication Hearings and Related Documents

Graphics

Flow Sheets

Cardiac Arrest Records

Operative Report

Tissue Report

Report of Anesthesia

Consent for Surgery

Evaluations - Pre and Post Anesthesia Records

Lab Reports

X-ray Reports

Scans, EKG, monitors, stress test, EMG, tomogram, echos, nerve conduction, etc.

Physical Therapy

Occupational Therapy

Respiratory Therapy

Activity Therapy

Speech Therapy

Dialysis Records

Other Therapy

Refusal for Treatment

Other Reports

Note: Inpatient records from the community do not have to be in this order.

(5) **SECTION 5**

Medical Idle forms (most recent on top)

BP-362 Inmate Injury Report (most recent on top)

Refusal of Treatment form (most recent on top)

Wound and Evidentiary Photographs (outpatient)

(a) Advance Directives Divider

Advance Directive (see Chapter VI, Section 8)

(b) Civilian Records Divider "non BOP records" (i.e. records from county jails, Bureau contract facilities, etc.)

(6) **SECTION 6 - Administrative**

All records in this section are to be filed chronologically without a prescribed order of forms. Forms filed in this section include: HIV Counseling Documentation/Infectious Disease Questionnaire, Inmate Request to Staff Member, Administrative Remedy Response, BP-S621.060 Authorization for Release of Information, General Correspondence, Legal Papers, BP-S351 Medical Evaluation for Transfer to CCC, Psychotropic Medication Consent, Photographic Consent, Form 213, Other non-medical forms.

d. Forms. All forms used in the outpatient health record, with the exception of outside consultant forms, shall have prior approval by the Forms Committee to provide a systematic integrated record and eliminate unapproved forms being used in the health record. The Forms Committee shall consist of members of the Health Record Work Group with a subcommittee researching forms requiring revision and/or deletion, in addition to new forms submitted. Proposed revised or new forms must be submitted in final form to the Forms Control Division, Central Office, for approval.

The Health Record Work Group Chairperson will receive all requests for forms to be used in the outpatient health record. Upon approval of a form, the Health Record Work Group shall establish the appropriate health record filing format.

In-patient forms at Medical Referral Centers shall be handled locally until further notice.

e. Labels

The only labels, if applicable, that require placement on the front of the health record include the following:

- (1) "Allergic to: _____" (centered beneath BOP Health Record heading)
- (2) "Advance Directive on File" (centered below BOP Health Record and allergy label, if applicable)

Multiple volumes of a health record will be marked with a white adhesive label located on the front of the health record in the right upper corner horizontal with label containing identifying information. Example: Volume I of II.

f. Advance Directives. Advance Directives are written instruments allowing individuals to express health care wishes when they become incapacitated (i.e., Living Will, Durable Power of Attorney). A copy of this declaration will be made part of the health record and will be easily accessible.

If an Advance Directive is on file, an Advance Directive divider will be established and placed on top of the "Civilian Records" divider in Section 5. At the time an Advance Directive is placed in the health record, an "Advance Directive on File" label will be centered on the front of the health record below the BOP Health Record heading and allergy label, if applicable.

Section 6. Secondary Records

Institutions with inpatient facilities shall maintain a secondary record system to include a diagnostic and operative index. All diagnoses, infections, complications, and operations for discharged patients shall be recorded in standard terminology. The diagnoses and operations are coded using the ICD-9-CM Codes.

Section 7. Registration Number

An inmate identification number is assigned to each inmate and all records are permanently filed by that number regardless of the number of subsequent admissions. The inmate number is recorded in the upper reinforced margin of the folder, right or left, depending upon the direction of the file shelf. Each page filed within the record must be clearly identified with the inmate's name and number as well as the institution's name. Forms requiring continued use from institution to institution (i.e. SF-514 laboratory backing sheet, SF-519 radiographic backing sheet, and problem list) should not be labeled with the institution's name.

Section 8. Health Record Review

Maintaining accurately documented and complete health records requires institutional staff to conduct regular health record reviews. Time should be spent during monthly staff meetings to review health records and identify errors in documentation. Training should then be offered to medical staff to prevent these errors. For instance, if a review of health records shows that staff are not signing all entries, the requirement to sign all entries should be stressed.

Fifteen records shall be reviewed each month. The records to be reviewed shall be selected by using SENTRY's random selection capability. This random list shall be maintained on file with the audits. Health Record Audit Worksheets (Attachments V-B and V-C) should be used, however, local modification may be made to meet institution's needs. Referral Centers are required to comply with JCAHO reviews and may substitute other procedures for approved outline. Records should be reviewed, audit worksheets completed, results discussed, and worksheets kept for at least one year.

There are separate worksheets for inpatient and outpatient records. Depending on the types of treatment received, (inpatient, outpatient, both), the appropriate worksheet(s) shall be used. If a patient received both inpatient and outpatient treatment at the institution, then both the inpatient and outpatient worksheets shall be used. If a record does not have an item (e.g., chief complaint, name, institution), then a "no" shall be checked. One omission, such as a name on one page missing, would justify a "no" even if all other pages have the name of the patient. The goal is for a Health Record Audit Worksheet to have only the "yes" column checked.

Results from reviews will be summarized and reported to the appropriate committee meeting (i.e., Medical Record Committee, Monthly Staff Meeting) (see Attachment V-D).

Section 9. BP-355 "SOAP" Label

The BP-355 is used for writing progress notes when the health record is not available (e.g., PA/NP rounds in segregation). The notes are made in SOAP format on the self-adhesive label. The label is then attached as the next entry on the SF-600 in the health record.

Section 10. Signature and Initial Log

A system will be maintained in the HSU containing the signature of individuals, including consultants, who make entries in the health record and/or prescribe medication. This system shall include the printed name and title along with the signature and initials of the Healthcare provider.

Section 11. Filing System

Health records are filed on open shelves with sufficient numbers of guide cards to facilitate filing.

All health records are filed by inmate number according to the numeric Terminal Digit 2 filing system (see Attachment V-E).

Any institution opting to use color coded numbers must use the following standard colors:

| | | |
|---------------|---------------|--------------|
| 0 Ames Red | 1 Ames Gray | 2 Ames Blue |
| 3 Ames Orange | 4 Ames Purple | 5 Ames Black |
| 6 Ames Yellow | 7 Ames Brown | 8 Ames Pink |
| 9 Ames Green | | |

The size of the labels MUST be 1 7/8" x 1 7/8", large digit reverse block.

a. **Only the last two digits** of the first five digits of the inmate registration number will be coded and placed on the record. Example: Reg. No: 01234-567, the color coded numbers will be 34.

b. The fifth digit should be placed at the immediate bottom of the tab on the side of the record holder. The fourth digit will be placed immediately above the fifth digit label.

An appropriate charge-out system shall be maintained when a record is removed from the shelf. The charge-out card shall contain the following information: Inmate name and register number, the date the record is signed out, and the location and person signing the record out.

All records charged out must be returned to the Health Record Department by the end of the workday.

Section 12. Retention of Records

Health records are retained in their original form after the inmate's release from the Bureau of Prisons. Health Information staff will purge files to remove inactive health records and send them to the inmate's former unit team who will forward them to the ISM who will send the inactive records to the Regional Federal Records Storage Center, along with the Central File. Retention of records is dependent on the type of inmate (e.g., sentenced-30 years; forensic-11 years)

Section 13. Health Records of Prisoners Transferred by Writ

The health records of a Federal Prisoner transferred by writ shall ordinarily be retained at the parent institution. These transfers require a BP-S149 following procedures outlined in Chapter VII, Section 5, "Health Records of Federal Prisoners in

Transit". Health Records and X-Rays of inmates in Writ status housed within the Bureau may be transferred upon request by the receiving Bureau facility anytime following the inmate's arrival.

Section 14. Medicolegal Aspects

In any lawsuit involving diagnosis and treatment, the health record is primary evidence and may decide the outcome of the case. All medical care rendered shall be documented in the health record in a timely manner during or immediately after the delivery of such care.

"Request for Administration of Anesthesia and for Performance of Operations and Other Procedures" (SF-522) shall be required on all inmates before the procedures are performed. The professional performing the procedure may not sign as the witness on this form. Consent for performing an operation on a minor must be obtained from the parent or legal guardian. In addition to other authorizations, a special authorization is required for abortions (see the Program Statement on Birth Control, Pregnancy, Child Placement, and Abortion). In the case of autopsy, refer to Chapter VI, Section 7 of this Manual.

Section 15. Release of Medical Information

Medical reports must be freely exchanged between Federal and non-Federal health care professionals and other organizations to contribute to a fuller understanding of the inmate's physical and mental status.

Release of medical reports and information to a routine user (defined below) requires a written request stating the reason for the information. The inmate's consent is not required, but an accounting of the release must be maintained. Routine uses for physical and mental health record have been published in the Federal Register; Vol. 43, No. 189, (9/28/78). A partial reprint is:

"Routine uses of records maintained in the system, including categories of users and the purposes of such uses: The routine uses of this system are: (a) to provide documented records of the diagnosis, treatment, and cure of illnesses of persons committed to the custody of the Attorney General pursuant to 18 U.S.C., Section 4082; (b) to provide documented records and background of medical, mental, or dental history to contracting or consulting physicians, psychologists and psychiatrists, and dentists, or other specialists, for diagnosis, treatment and cure of Federal inmates; (c) to provide information source to officers and employees of the Department of Justice who have a need for the information in the performance of their duties; (d) to provide information source for disclosure to State and Federal law enforcement officials for investigations, possible criminal prosecutions, civil court actions, or

regulatory proceedings; (e) to provide information source for responding to inquiries from Federal inmates or Congressional inquiries; (f) to provide information relating to Federal offenders to Federal and State courts, court personnel, and probation officials; (g) to provide medical information relevant to the treatment being provided by physicians, psychiatrists, psychologists, State and Federal medical facility personnel, other medical agencies, etc., providing treatment for a pre-existing condition for ex-Federal offenders."

Information permitted to be released to the news media and the public pursuant to 28 CFR 50.2 may be made available from systems of records maintained by the Department of Justice unless it is determined that, in the context of a particular case, it would constitute an unwarranted invasion of personal privacy.

a. Incarcerated Inmate Review of Health Record. The following procedures apply to the release of health records to an inmate who is currently incarcerated in a Federal Bureau of Prisons institution:

(1) Institution Level. An inmate seeking review and copies of his/her health records must complete a BP-S148 "Inmate Request to Staff Member" in order to review or receive copies of the record. The BP-S148 shall be addressed to the Health Services Administrator (HSA).

(a) Laboratory results or other health records (i.e., SF 600, consults, etc.) showing HIV status may only be reviewed by a currently incarcerated inmate; he/she may not receive a copy.

The Bureau does not have the facilities to reproduce copies of x-ray, xerography, and ultrasonography films. Therefore, when copies are requested, the HSA/designee will acquire the current costs for reproduction of such from a community source. The requesting inmate must be financially responsible for those costs and provides a mailing address for a physician they choose to receive the films. Due to security and property restrictions, the films will not be allowed in their housing units.

(b) The HSA/Designee shall in a reasonable amount of time make the copies and give them to the inmate. An entry on the SF-600 shall be made with the following information: date of release, number of copies, items released (as an example, this can be accomplished by notations such as "SF-600 dates inclusive of 01-01-93 thru 03-06-94"), and signature. The original BP-S148 shall be filed in section 6 of the health record.

(c) Prior to review of records by an inmate (or copies given to an inmate) the records will need to be reviewed by health services staff to determine if a legitimate security concern exists (i.e. whether there is any information which, if disclosed to the inmate, might reasonably be expected to harm the inmate or another person). The institution physician may have to be consulted by the reviewer in evaluating records for release.

The inmate should be further instructed that the reason for this review is that certain information may be exempt from mandatory disclosure to him/her under the provisions of the Freedom of Information Act and that if this is the case the inmate will need to make a written request to the Central Office, Office of General Counsel, Freedom of Information (FOI) Section, 320 First Street, N.W., Washington, D.C. 20534.

(d) If the reviewing staff member determines that no harmful information is contained in the record, the inmate shall be provided with the same information as indicated above. A copy of the records and the SF-600 entry, shall then be forwarded to the Regional Office. The Regional Office will make the final release determination, and make any direct release of records to the inmate.

(e) A system shall be maintained for tracking requests for the release of medical information. This system will include at least the following: patient name, number, requester name, date requests received, disposition of requests (date), number of pages copied, and fee, if any.

(2) Central Office. The FOI Section of the Office of General Counsel will log in all proper requests, as indicated above, to review and/or copy health records, including diagnostic records, by an inmate. Upon receipt of such a request, staff members will determine that the inmate is currently housed in a Community Corrections Center or released from Federal custody and where the inmate was last designated. The request will then be forwarded to the appropriate Regional Office.

If an improper request for health records is received (i.e., a notarized signature to establish the inmate's identity does not accompany the request), the request will be rejected and returned to the inmate along with instructions on the proper procedure to request his/her health records.

(3) Regional Office. Upon receipt of a referral, from the Central Office FOI Section, of a properly filed request for health records, including diagnostic records, by an inmate, the Regional Office will contact the designated institution and coordinate the release of records to the inmate.

The Regional Counsel's Office will conduct a review of only the document(s) which the institution has indicated on the SF-600 should not be released. Regional Counsel staff members, in coordination with Regional Office Health Services personnel, if necessary, will determine whether the document(s) will be released to the inmate, or exempted from mandatory disclosure to the inmate under the provisions of the Freedom of Information Act. Under all circumstances, the Regional Counsel's Office will make any direct release of records to the inmate and/or inform the inmate of the denial(s) and his/her appeal rights.

b. Inmates Released from Federal Custody and Inmates in Community Corrections Centers. The following procedures apply to the release of health records to an inmate who has been released from Federal custody or is currently housed in a Community Corrections Center.

(1) Institution Level. If an inmate seeking copies of his/her health records, including diagnostic records, sends his/her request directly to the institution, the request should be returned to the inmate with instructions to make a written request to the Central Office, Office of General Counsel, FOI Section, 320 First Street, N.W., Washington, D.C. 20534. The inmate should be further instructed that he/she must provide a notarized signature to establish his/her identity along with the written request for records.

Upon receipt of a referral, from the Central Office FOI Section, of a properly filed request for health records from an inmate, the Regional Office where the inmate was last designated will contact the institution and coordinate the release of records to the inmate. When the Regional Office contacts the institution, the Regional Office will have determined from the requesting inmate what medical information he/she is seeking.

A copy of laboratory results showing HIV status may be released to an inmate released from Federal custody. However, a copy of laboratory results or other health records showing HIV status shall not be given to an inmate housed in a Community Corrections Center; he/she will be orally advised of, and may review, the results while still housed in a Federal institution.

If the inmate is requesting copies of the above portions of his/her health records, the HSA/Designee shall make the copies and forward them to the Regional Office, along with a copy of an entry on a SF-600 with the following information: date the documents are being forwarded to the Regional Office, number of documents, items being forwarded and signature. The Regional Office will make the direct release of records to the inmate.

If the reviewing staff member determines that no harmful information is contained in the record, an entry on the SF-600 shall be made with the same information as indicated above. The copies, and a copy of the SF-600 entry, should then be forwarded to the Regional Office. The Regional Office will make the direct release of records to the inmate.

If the reviewing staff member determines that information may be contained in the record which might reasonably be expected to harm the inmate or another person, an entry on the SF-600 shall be made with the same information as indicated above. The original records, and a copy of the SF-600 entry, should then be forwarded to the Regional Office. The Regional Office will make the final release determination, and make any direct release of records to the inmate.

(2) Central Office. The FOIA Section of the Office of General Counsel will log in all proper requests, as indicated above, to review and/or copy health records, including diagnostic records, by an inmate. Upon receipt of such a request, staff members will determine that the inmate is currently housed in a Community Corrections Center or released from Federal custody and where the inmate was last designated. The request will then be forwarded to the appropriate Regional Office.

If an improper request for health records is received (i.e., a notarized signature to establish the inmate's identity does not accompany the request), the request will be rejected and returned to the inmate along with instructions on the proper procedure to request his/her health records.

(3) Regional Office. Upon receipt of a referral, by the Central Office FOI Section, of a properly filed request for health records, including diagnostic records, by an inmate, the Regional Office will contact the designated institution and coordinate the release of records to the inmate.

The Regional Counsel's Office will conduct a review of only a document(s) which the institution has indicated on the SF-600 should not be released. Regional Counsel staff members, in coordination with Regional Office Health Services personnel, if necessary, will determine whether the document(s) will be released to the inmate, or exempted from mandatory disclosure to the inmate under the provisions of the Freedom of Information Act. Under all circumstances, the Regional Counsel's Office will make any direct release of records to the inmate and/or inform the inmate of the denial(s) and his/her appeal rights.

c. Fees. Under Title 28, Code of Federal Regulations, Section 16.10, an inmate may be charged \$.10 per page for duplication. An inmate may be charged for actually searching for his/her records when the search time exceeds two hours. An inmate may never be charged for a review of his/her records. A charge for fees may not be levied if the total to be collected is less than \$8.00.

Under these procedures, generally the Regional Counsel's Office will be responsible for any fees levied. However, if an institution staff member determines that fees equal to \$8.00 or more could be levied at the institution, the staff member should contact his/her Regional Counsel's Office or the Central Office FOI Section for guidance.

(1) The first 100 pages are free with no subsequent charge until a fee in excess of \$8.00 is reached.

(a) Pages 1-180 = No charge

(b) Pages 180-and above will be charged \$.10 per page for each page after the first 100.

Ex: 181 pages = 181-100 = 81 pages x \$.10 = \$ 8.10

335 pages = 335-100 = 235 pages x \$.10 = \$23.50

(2) Inmates should be informed of estimated fees. Fees should not be collected until copies have been made.

(3) Consult the Institution Business Office regarding processing of fees. Payment should be made to the order of: U.S. Treasury.

d. "Third Party" Requests. The first party is the patient-inmate, the second party is the custodial agency holding the health records and providing care. All third party requests for medical information will be processed under direction from the FOIA/Privacy Act section of the Office of General Counsel in the Central Office. A completed, signed, and dated authorization form must accompany any request. The authorization is valid for three months from the date of patient's signature. Medical information which is releasable to inmate-patients may be released to a third party requestor with the inmate's consent (see Attachment V-F). In accordance with 28 CFR 16.43 (d), further medical information (i.e., diagnostic evaluations, or subjective medical opinions and diagnoses) is releasable after review by institution medical staff to a requestor. The only information that should not be released are records that mention other inmates or in certain situations, staff names.

For guidance in legal matters, especially in releasing medical information, the health record practitioner should contact the institution paralegal or attorney, the Regional Counsel's Office, or the Central Office FOIA/Privacy Act Administrator.

On occasion, the HSA will have to request health records from hospitals and physicians of patients formerly treated by them. When a patient was treated elsewhere, such as a hospital, ambulatory surgical facility, nursing home, or physician's or consultant's office, clinical summaries or other pertinent documents are obtained when necessary for continuity of care. Usually, a simple request for the health record giving the dates of hospitalization is sufficient. A request for health records shall be accompanied by an authorization signed by the inmate giving permission for the health care record's release (see Attachment V-F).

e. Copying of Health Records. The Bureau of Prisons monitors the copying of health records because it is time consuming for the Health Information Management staff and may not be relevant to the recipient. When a copy of a voluminous health record is requested, a letter to the health record requestor should be prepared, asking which specific portion of the health record is required.

When the health record staff is in doubt concerning a requestor's need, a letter should be sent seeking clarification. A letter saves time, confusion, and unnecessary work. Each institution can refine the standard letter for its own particular needs. A response to the requestor should be made as soon as possible (see Attachment V-G).

When an inmate transfers within the Bureau, and requests a copy of his/her health record, it is advantageous to the receiving institution to call the transferring institution to clarify any prior copying requests (the number of copies provided and the dates).

f. Facsimile of Health Records. When a facsimile copy of a health care record is received from another facility, health record staff should make a photocopy of the health record facsimile copies to enhance the copy quality.

Upon receiving proper authorization when necessary, health record staff should transmit a facsimile of the health record with the following paragraph regarding redisclosure on the cover sheet:

CONFIDENTIALITY NOTICE

The documents accompanying this telecopy transmission contain confidential information. The information is intended only for the use of the individual(s) or entity named above. If you are not the intended recipient, you are notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this telecopied information is not permissible. If you have received this telecopy in error, please immediately notify us by telephone.

Section 16. Health Information Management Staff

The duties of employees assigned to the Health Information Management Department will be mandated by position description or billet description, as applicable.

Section 17. Maintenance of Employee Health Record

Health records for Bureau of Prisons employees shall be maintained in the required blue record available from the General Services Administration. In accordance with FPM Chapter 339, sub-chapter 4, all employees' records will be retained in the health services unit under the control of the Health Services Administrator. These records include, but are not limited to, SF-93, medical history, and other pre-employment medical reports obtained from the employee.

Health records are to be kept confidential. Health records will not be retained in the official personnel folder while the individual is employed, except when the employee is transferred, and all employment records are mailed to the receiving institution.

The disposition of health records for an employee separated from the agency is as follows:

a. Medical certificates and any other health records of examination used to determine an employee's job fitness are permanent records and must be placed in a sealed envelope and attached to the right side of the official personnel folder until the employee's folder is acquired by another agency.

b. Employee health record chart order:

Left Side

Chronological/Progress Notes
Laboratory Reports
Radiology Reports
Respiratory Therapy

Right Side

Immunization Record
History and Physical
Medical Fitness Reports
Consent/Refusal Forms
Consultations
Audiometry Exam
Vision Screen
ECG/EEG
Accident Reports
Employee Information
Handouts
Outside Correspondence

COMMON MEDICAL ABBREVIATIONS

The following are approved medical abbreviations for use at the Federal Bureau of Prisons facilities. It must be kept in mind that Bureau of Prisons health records travel with the inmate(s) to other institutions and are often involved in litigation. Abbreviations can sometimes be misinterpreted and may result in an error in patient care. For these reasons, the use of abbreviations is discouraged.

Final diagnoses on discharge (on the inpatient cover sheet) must be written in full, abbreviations may never be used (JCAHO standard).

| | |
|-----------|--------------------------------------|
| A | Assessment |
| A2 | aortic second sound |
| a | before |
| AAA | abdominal aortic aneurysm |
| ab | antibiotics |
| ac | before meals |
| A/C, A-C | acromioclavicular (joint, shoulder) |
| ACA | adenocarcinoma |
| ACH | adrenocorticotrophic hormone |
| ACL | anterior cruciate ligament |
| AD | right ear |
| ADA | American Dietetic/Dental Association |
| ADL | activities of daily living |
| ad lib | at pleasure |
| adm | admission |
| Admin Seg | Administrative Segregation |
| ADH | antidiuretic hormone |
| AE | above the elbow |
| AF, A-fib | atrial fibrillation |
| AFB | acid fast bacillus |
| afeb | afebrile |
| AFP | alpha feto protein |
| AG ratio | albumin/globulin ratio/anion gap |
| AGN | acute glomerulonephritis |
| AIDS | acquired immune deficiency syndrome |
| AJ | ankle jerk |
| AK | above knee |
| ALL | acute lymphocytic leukemia |
| ALS | amyotrophic lateral sclerosis |
| ALT | alanine transaminase |
| AM, am | morning |
| AMA | against medical advice |
| AMI | Acute myocardial infarction |
| amb | ambulate/ambulatory |
| AML | acute myelocytic leukemia |
| amp | ampule |
| amt | amount |
| ANA | antinuclear antibody |

[illegible]

| | |
|--------------------|--|
| C | carotid artery pulse |
| c | with |
| C & A | Clinitest and Acetest |
| Ca | Cancer |
| Ca++ | Calcium |
| CAH | chronic acute hepatitis |
| CALD | chronic active liver disease |
| cc | cubic centimeter |
| C1,C2 | cervical vertebrae or nerves by number |
| CI, CII | cranial nerves by number |
| C & S | culture and sensitivity |
| CA | carcinoma |
| CABG | coronary artery bypass graft |
| CAD | Coronary artery disease |
| cal | calorie |
| cap | capsule |
| cath | catheter |
| CBC | complete blood count |
| CBS | chronic brain syndrome |
| CC/CO | chief complaint |
| CCU | coronary care unit |
| CD4 | T-4 helper cells |
| CD8 | suppressor cell |
| CEA | carino-embryonic antigen |
| CHB | complete heart block |
| CHD | coronary heart disease |
| Chemo Rx | chemotherapy |
| CHF | congestive heart failure |
| CHI | closed head injury |
| Chr | chronic |
| CK | creatinine clearance |
| Cl | chloride |
| CLL | chronic lymphocytic leukemia |
| cm | centimeter |
| CML | chronic myelocytic leukemia |
| CMS | color-motion-sensation |
| CNS | central nervous system |
| Comp | complication |
| cond | condition |
| cont | continue |
| COPD | chronic obstructive pulmonary disease |
| cp | chest pain |
| CPK | creatine phosphokinase |
| CPR | cardiopulmonary resuscitation |
| CPT | chest physiotherapy |
| CrCl | creatinine clearance |
| CRF | chronic renal failure |
| Crypto | cryptococcus |
| CSF | cerebrospinal fluid |
| C/S | carcinoma in situ |
| C-Spine | cervical spine |
| CTA | clear to auscultation |
| CTS | carpal tunnel syndrome |
| CTDB | cough, turn, deep breathe |

| | | |
|----------|-----------|--|
| CT/CAT | | computerized axial tomography |
| CVA | | cerebrovascular accident |
| CVD | | cardiovascular system |
| CVP | | central venous pressure |
| CVS | | cardiovascular system |
| c/w | | consistent with |
| CWMS | | color, warmth, movement, sensation |
| Cxr | | chest x-ray |
| Cysto | | cystoscopy |
| | | |
| D 1/2 NS | | dextrose 1/2 normal saline |
| D5W | | dextrose five percent water |
| DAT | | diet as tolerated |
| DB | | deep breathe |
| D & C | | dilation and curettage |
| D/C | | discontinue/discharge |
| DIC | | disseminated intravascular coagulation |
| DIP | | distal interphalangeal (joint) |
| DJD | | degenerative joint disease |
| DM | | diabetes mellitus |
| DNI | | do not intubate |
| DNKA | | do not keep appointment |
| DNR | | do not resuscitate |
| DNT | | do not transfer |
| D & O | | Diagnostic and Observation |
| DO | | doctor of osteopathy |
| DOA | | dead on arrival |
| DOE | | dyspnea on exertion |
| DP | | diastolic pulse |
| DPT | | diphtheria, pertussis, tetanus |
| dr | | drums |
| drsg | | dressing |
| ds | | disease |
| DSD | | dry sterile dressing |
| D-Spine | | dorsal spine |
| DT | | delirium tremens |
| dt | | diphtheria tetanus |
| DTPA | | diethylenetriamine pentacetic acid |
| DTR | | deep tendon reflexes |
| DU | | duodenal ulcer |
| DUB | | dysfunctional uterine bleeding |
| DVT | | deep vein thrombosis/thrombophlebitis |
| Dx | | diagnosis |
| dx | | disease |
| | | |
| E | | eye |
| ECCE | | extra capular cataract extraction |
| ECG/EKG | | electrocardiogram |
| ECU | | extended care unit |
| EEG | | electroencephalogram |
| EENT | | eye, ear, nose, and throat |
| EES | | erythromycin |
| EGD | | esophagogastroduodenoscopy |
| ELISA | | enzyme-linked immune sorbent assay |

| | |
|------------------------|--|
| EMG | electromyogram |
| ENT | ears, nose, throat |
| EOM | extra ocular movements |
| ER | emergency room |
| ERCP | endoscopic retrograde cholangiopancreatography |
| ERT | estrogen replacement therapy |
| esp | especially |
| ESR | erythrocyte sedimentation rate |
| ESRD | end stage renal disease |
| et | and |
| ETOH | alcohol/alcoholism |
| exp | exploratory |
| ext | external |
| EXU | excretory urogram |
| | |
| F | femoral pulse, female |
| FB | foreign body |
| FBS | fasting blood sugar |
| Fe | iron |
| FH(FHx) | family history |
| fib | fibrillation |
| F/maxillary | full denture |
| F/mandibular | full denture |
| FOB | foot of bed |
| freq | frequency |
| FROM | full range of motion |
| FSBS | fingerstick blood sugar |
| ft | foot or feet |
| F/U | follow-up |
| FUO | fever of unknown origin |
| Fx | fracture |
| | |
| g | gallop rhythm |
| GB | gallbladder |
| GC | gonorrhea |
| GE | gastroenteritis |
| GED | general education development |
| GFR | glomerular filtration rate |
| GGT | gamma glutanyl transferase |
| GGTP | gamma glutamyl transpeptidase |
| GI | gastrointestinal |
| gm | gram |
| GME | general medical examination |
| gr | grain |
| GSW | gunshot wound |
| GTT | glucose tolerate test |
| gt/gtt | drop/drops |
| GU | genitourinary |
| GXT | graded exercise tolerance test |
| GYN | gynecology |
| | |
| h | hour |
| H2O | water |
| HAA | hepatitis associated antigen |

| | |
|-----------|--|
| H & P | history and physical |
| HA | headache |
| HB | heart block |
| Hb | hemoglobin |
| HBcAB | hepatitis B core antibody |
| HBsAb | hepatitis B surface antibody |
| HBsAg | hepatitis B surface antigen |
| HBP | high blood pressure |
| HCG | human chorionic gonadotropin |
| HC1 | hydrochloric acid |
| HC03 | bicarbonate |
| Hct | hematocrit |
| HCVAb | hepatitis C antibody |
| HCVD | hypertensive cardiovascular disease |
| HDL | high density lipoprotein |
| HEENT | head, eyes, ears, nose, throat |
| hgb | hemoglobin |
| hgt | height |
| HIV | human immunodeficiency virus |
| HJR | hepatojugular reflux |
| H/O | history of |
| HOB | head of bed |
| HPI | history of present illness |
| hr | hour |
| HRT | hormonal replacement therapy |
| HS | at bed time/at night |
| HSV/HSV-I | |
| HSV-2 | height |
| HTN | hypertension |
| Hx | history |
| HZ | herpes zoster |
| HZV | herpes zoster virus |
| I & D | incision an drainage |
| IBD | inflammatory bowel disease |
| ICU | intensive care unit |
| IDA | iron deficiency anemia |
| IDC | institution disciplinary committee |
| IDDM | insulin dependent diabetes mellitus |
| IHD | ischemic heart disease |
| IM | intramuscular |
| ing | inguinal |
| int | internal |
| I & O | intake and output |
| IPPB | intermittent positive pressure breathing |
| IPS | interphalangeal joint |
| INS | immigration and naturalization service |
| IQS | intelligent quotient |
| ITP | idiopathic thrombocytopenic purpura |
| IUD | intrauterine device |
| IV | intravenous |
| IVAC | infusion pump |
| IVDA | intravenous drug abuse |
| IVP | intravenous pyelogram |

| | | |
|---------|-----------|-------------------------------|
| JVP | | jugular venous pressure |
| JVD | | jugular venous distention |
| K | | kilo |
| K+ | | potassium |
| Kcal | | kilocalorie |
| kg | | kilogram |
| KJ | | knee jerk |
| KO | | keep open |
| KOR | | keep open rate IV |
| KUB | | kidney, ureter, and bladder |
| KVO | | Keep vein open |
| l | | liter |
| L | | left, lumbar |
| lac | | laceration |
| lat | | lateral |
| lb | | pound |
| LBBB | | left bundle branch block |
| LBP | | low back pain |
| LDL | | low density lipoprotein |
| LE | | lower extremity |
| LFT | | liver function tests |
| LL | | lower lobe |
| LLE | | left lower extremity |
| LLL | | left lower lobe |
| LLQ | | left lower quadrant |
| LMD | | local medical doctor |
| LMP | | last menstrual period |
| LN | | lymph node |
| LOM | | limitation of movement |
| LOS | | length of stay |
| LP | | lumbar puncture |
| LRA | | least restrictive alternative |
| LRQ | | lower right quadrant |
| L-S | | lumbo-sacral |
| LT | | left |
| LUE | | left upper extremity |
| LUL | | left upper lobe |
| LUQ | | left upper quadrant |
| LVA | | left ventricular aneurysm |
| M | | male |
| Malig | | malignant |
| MCA | | motor cycle accident |
| mcg | | microgram |
| mcp | | metacarpophalangeal |
| med | | medication |
| mEq | | milliequivalent |
| met()s | | metastatic, metastases |
| MG | | Myasthenia Gravis |
| mg | | milligram |
| MH | | marital history |
| MHU | | mental health unit |
| MI | | mitral insufficiency |
| | | myocardial infarction |

| | | |
|------------|-----------|--|
| MIC | | minimum inhibitory contractions |
| ml | | milliliter |
| MLC | | minimum lethal concentrations |
| mm | | millimeter |
| MMPI | | minnesota Multiphasic Personality Inventory |
| MOM | | milk of magnesia |
| MR | | mentally retarded |
| MRI | | magnetic resonance imaging |
| MRSA | | methicillin resistant staphylococcus aureus |
| MS | | mitral stenosis |
| MS04 | | morphine sulfate |
| ms | | morphine sulfate |
| mtp | | metatarsalphalangeal |
| MV | | mitral valve |
| MVA | | motor vehicle accident |
| MVP | | mitral valve prolapse |
| | | |
| n | | nerve |
| N/A | | not applicable |
| na | | sodium |
| NAD | | no additional diagnosis/no apparent distress |
| NARA | | Narcotic Addict Rehabilitation Act |
| NED | | no evidence of disease |
| neg | | negative |
| NG | | nasogastric |
| NGT | | nasogastric tube |
| NIDDM | | non-insulin dependent diabetes mellitus |
| NKA | | no known allergies |
| NKDA | | no known drug allergies |
| N & V/ N/V | | nausea and vomiting |
| nl | | normal |
| noc | | night |
| non-IVDA | | non - intravenous drug abuse |
| NPH | | isophane insulin |
| NPO | | nothing by mouth |
| nrsg | | nursing |
| NS | | normal saline |
| NSR | | normal sinus rhythm |
| NTG | | nitroglycerin |
| NWB | | no wright bearing |
| | | |
| o | | oral |
| O | | objective |
| O2 | | oxygen |
| OB | | obstetrics |
| OBS | | organic brain syndrome |
| OCG | | oral cholecystogram |
| OCP | | oral contraceptive |
| OD | | right eye |
| OM | | otitis media |
| OOB | | out of bed |
| OPD | | outpatient department |
| oph | | ophthalmology |
| OR | | operating room |
| ORIF | | open reduction internal fixation |
| ortho | | orthopedics |

| | |
|---------|--|
| OS | left eye |
| os | orally |
| OT | occupational therapy |
| OTC | over the counter (medicine) |
| OU | both eyes |
| OZ | ounce |
| | |
| P | Plan |
| p | pulse (C, F, P, PT, DP) |
| P & A | percussion and auscultation |
| PA | physician assistant |
| PAC | premature auricular contractions |
| PAME | pre-anesthesia medical examination |
| PAN | polyarteritis nodosa |
| PAP | papanicolaou |
| PAR | Post-anesthesia recover |
| PAT | paroxysmal atrial tachycardia |
| path | pathology |
| PBI | protein-bound iodine |
| pc | after meals |
| PCP | pneumocystic carini pneumonia |
| PE | physical examination, pulmonary embolus |
| PERLA | pupils equal, react to light and accommodation |
| PET | positron emission tomography |
| PFT | pulmonary function test |
| PH | past history |
| PI | present illness |
| PID | pelvic inflammatory disease |
| plt | platelet |
| pm | evening |
| PMHx | past medical history |
| PND | post nasal drip/paroxysmal nocturnal dyspnea |
| po | by mouth |
| P.O. | phone order |
| pos | positive |
| post | posterior |
| Post-op | post-operative |
| PP | post partum |
| PPD | purified protein derivative (test for TB) |
| PPM | permanent pacemaker |
| PPT | partial prothrombin time |
| pre-op | pre-operative |
| prn | as needed |
| PT | physical therapy/prothrombin time |
| Pt | patient |
| PTA | prior to admission |
| PTCA | percutaneous transluminal coronary angioplasty |
| PTH | parathyroid hormone |
| PTT | partial thromboplastin time |
| PUD | peptic ulcer disease |
| PVC | premature ventricular contraction |
| | |
| Q | quadrant |
| q | every |
| qd | every day |
| qh | every hour |

| | |
|---------------|--|
| qlh, 2h, etc. | every 1, 2 hours etc. |
| qid | four times day |
| qn | every night |
| QNS | quantity not sufficient |
| qod | every other day |
| QS | quantity sufficient |
| | |
| R | right/respirations |
| RA | rheumatoid arthritis |
| RAO | right anterior oblique |
| RBBB | right bundle branch block |
| RBC | red blood cell |
| R & D | receiving and discharge |
| rds | rounds |
| RDS | respiratory distress syndrome |
| re | regarding |
| resp | respirations |
| RF | right flank |
| Rh | Rhesus blood factor |
| RHF | right heart failure |
| RHD | rheumatic heart disease |
| RLD | right lateral decubitus |
| RLE | right lower extremity |
| RLL | right lower lobe |
| RLO | right lateral oblique |
| RLQ | right lower quadrant |
| rm | room |
| RN | registered nurse |
| R/O | rule out |
| ROM | range of motion |
| RoRx | radiation treatment |
| ROS | review of systems |
| RPD | removable partial denture |
| RPO | right posterior oblique |
| RPR | rapid plasma reagin |
| RR | recovery room |
| RRR | regular rate and rhythm |
| RRRsM | regular rate and rhythm without murmur |
| RSR | regular sinus rhythm |
| RTC | return to clinic |
| RUE | right upper extremity |
| RUL | right upper lobe |
| RUQ | right upper quadrant |
| RVF | right ventricular failure |
| Rx | prescription/treatment |
| Rx'd | treated |
| | |
| S | subjective |
| S1 | 1st heart sound |
| S2 | 2nd heart sound |
| SBE | subacute bacterial endocarditis |
| SBO | small bowel obstruction |
| SCA | squamous cell carcinoma |
| SCS | sulphur colloid solution |
| sed rate/ESR | erythrocyte sedimentation rate |
| SGOT(AST) | serum glutamix oxalacetic transaminase |

| | |
|-----------|---|
| SGPT(ALT) | serum glutamic |
| SHU | special housing unit |
| SI/HI/H's | suicidal ideation/homicidal ideation/hallucinations |
| | SI/HI/AH auditory hallucinations |
| | SI/OH olfactory hallucinations |
| | SI/HI/VH visual hallucinations |
| | SI/HI/TH tactile hallucinations |
| S/L | sublingual |
| SLE | systemic lupus erythematosus |
| sma | small |
| SOAP | subjective, objective, assessment and plan |
| SOB | shortness of breath |
| sol | solution |
| S/P | status postop |
| SPEP | serum protein electrolysis |
| sq | subcutaneous |
| sse | soap suds enema |
| SSEP | somato sensory evoked potentials |
| SSS | sick sinus syndrome |
| Stabs | immature neutrophils |
| stat | at once |
| std | standard |
| strep | streptococcus |
| subq | subcutaneous |
| SVT | supra-ventricular tachycardia |
| Sx | symptoms |
| sz | seizure |
| | |
| T | temperature |
| TI, T2 | thoracic nerves or vertebrae by number |
| T & A | tonsillectomy and adenoiditis |
| tab | tablet |
| TAH | total abdominal hysterectomy |
| TB | tuberculosis |
| T.C. | telephone call |
| TCC | transitional cell carcinoma |
| TCN | Tetracycline |
| TD | tetanus-diphtheria |
| temp | temperature |
| THA | total hip arthroplasty |
| TIA | transient ischemic attack |
| TKA | total knee arthroplasty |
| TKO | to keep open |
| TMJ | temporomandibular joint |
| T.O. | total parenteral nutrition |
| TPN | total parenteral nutrition |
| TPR | temperature, pulse, and respiration |
| TR | temporary release |
| T-Spine | thoracic spine |
| TT | tetanus toxoid |
| TUR | transurethral resection |
| TURP | transurethral resection prostate |
| TVH | total vaginal hysterectomy |
| TWE | tap water enema |
| tx | treatment |
| Tyl | Tylenol |

| | |
|---------|--|
| U | unit |
| UA | urine analysis |
| UCG | urinary gonadotropin |
| UE | upper extremity |
| UG | upper gastrointestinal |
| UL | upper lobe |
| ULQ | upper left quadrant |
| ung | ointment |
| URQ | upper right quadrant |
| URI | upper respiratory infection |
| U/S | ultrasound |
| UTI | urinary tract infection |
| UV | ultraviolet |
| | |
| V | vertebrae/vein; T-thoraces, S-sacral, C-cervical, L-lumbar |
| VA | visual acuity |
| VD | venereal disease |
| VDRl | venereal disease research lab |
| VEA | ventricular ectopic activity |
| VF | ventricular fibrillation |
| vit | vitamin |
| v.o. | verbal order |
| vs | versus |
| VS | vital signs |
| VSS | vital signs stable |
| VT | ventricular tachycardia |
| VV | varicose veins |
| | |
| w | white |
| WBC | white blood count |
| W-d; wd | well-developed |
| W/d | well-developed, workup normal/within normal limits |
| wgt | weight |
| wn; w-n | well-nourished |
| wnl | workup normal/ within normal limits |
| WPF | Wolf Parkinson White |
| wt | weight |
| w/u | workup |
| x | times |
| XRT | radiation therapy |
| y/o | year old |
| yr | year |

MEDICAL TERMINOLOGY: ABBREVIATIONS, PREFIXES, SUFFIXES

COMMON ABBREVIATIONS

| Abbreviation | Derivation | Meaning |
|--------------|---------------------|-------------------------------|
| aa | ana | of each |
| ac | ante cibum | before meals |
| ad lib | ad libitum | as needed or desired |
| alt dieb | alternis diebus | every other day |
| alt hor | alternis horis | every other day |
| alt noc | alternis noctibus | every other day |
| bid | bis in die | twice a day |
| c | cum | with |
| contin | continuetur | let it be continued |
| dil | dilutus | dilute |
| div | divide | divide |
| fi | fluidus | fluid |
| h | hora | hour |
| ha | hora decubitus | at bedtime |
| hs | hora somni | at sleeping time |
| m et n | mane et nocte | morning and night |
| nb | nota bene | note well |
| od | omni die | daily |
| om | omni mane | every morning |
| on | omni nocte | every night |
| part vic | partibus vicibus | in divided doses |
| pc | post cibum | after food |
| prn | pro re nata | as required |
| pulv | pulvis | powder |
| qd | quaque die | every day |
| qh | quaque hora | every hour |
| q2h | quaque secunda hora | every 2 hours |
| q3h | quaque tertia hora | every 3 hours |
| qid | quater in die | four times a day |
| qs | quantum sufficit | as much as is sufficient |
| Rx | recipe | take |
| S or sig | signa | give the following directions |
| s | sine | without |
| sos | si opus sit | if necessary |
| ss | semis | one half |
| stat | statim | at once |
| tid | ter in die | three times a day |

COMMON PREFIXES

| Prefix | Meaning |
|-------------------|--------------|
| a-or an | without |
| cardi- | heart |
| chol- | bile |
| col- | colon |
| cyst- | bladder |
| enter- | intestine |
| gastr- | stomach |
| hepat- | liver |
| hydr- | water |
| hper- | too much |
| hypo- | to little |
| myel- | marrow |
| nephr- | kidney |
| neur- | nerve |
| oste- | bone |
| poly- | many |
| proct- | anus, rectum |
| pseud- | false |
| pulm- | lung |
| pyel- | pelvis |

| Suffix | Meaning |
|------------------------------|--|
| -algia | pain |
| -clysis | drenching |
| -cyte | cell |
| -ectomy | excision |
| -emia | presence in blood (usually implies excess) |
| -genic or -genesis | formation |
| -gnosis | knowledge |
| -itis | inflammation |
| -lytic or lysis | destruction |
| -malacia | softening |
| -opia | vision |
| -pathy | disease of |
| -phagia | eating |
| -phobia | fear of |
| -pnea | breath |
| -privia or -penia | poverty of: without |
| -ptosis | fallen |
| -sclerosis | hardening |
| -scopy | inspection |
| -stenosis | narrowing |
| -stomy | mouth (new opening) |
| -tomy | cutting operation |
| -trophy | nutrition of growth |
| -uria | urine |

**HEALTH RECORD AUDIT WORKSHEET
INPATIENT**

HEALTH RECORD NO. _____ ADMISSION DATE: _____

DISCHARGE DATE: _____ INPATIENT DAYS: _____

ATTENDING PHYSICIAN: _____ INSTITUTION: _____

(TO BE COMPLETED BY HEALTH INFORMATION STAFF)

| | YES | NO | N/A | PROVIDER CODE # (if applicable) |
|--|-------|-------|-------|---------------------------------------|
| A. HISTORY AND PHYSICAL (Is the information present) | | | | |
| 1. Chief Complaint | _____ | _____ | _____ | _____ |
| 2. History of Present Illness | _____ | _____ | _____ | _____ |
| 3. Review of Systems | _____ | _____ | _____ | _____ |
| 4. Past Medical History | _____ | _____ | _____ | _____ |
| 5. Physical Examination | _____ | _____ | _____ | _____ |
| 6. Diagnostic & Therapeutic Orders | _____ | _____ | _____ | _____ |
| B. DOCUMENTATION OF STAFF PROGRESS NOTES | | | | |
| 1. Legible | _____ | _____ | _____ | _____ |
| 2. Entries Dated | _____ | _____ | _____ | _____ |
| 3. Entries Timed | _____ | _____ | _____ | _____ |
| 4. Entries Authenticated | _____ | _____ | _____ | _____ |
| C. OPERATION (Is the information present) | | | | |
| 1. Pre-Op Eval & Diagnosis | _____ | _____ | _____ | _____ |
| 2. Post-Op Diagnosis | _____ | _____ | _____ | _____ |
| 3. Authorization (Consent Form) | _____ | _____ | _____ | _____ |
| 4. Operative Report within 24 hours | _____ | _____ | _____ | _____ |
| D. Are all requested studies, including lab, x-ray, consultations, and pathology present and reviewed by physician prior to filing? | _____ | _____ | _____ | _____ |
| E. DISCHARGE SUMMARY (Is the information present) | | | | |
| 1. Reason for Admission | _____ | _____ | _____ | _____ |
| 2. Significant Findings | _____ | _____ | _____ | _____ |
| 3. Procedures and Treatment Rendered | _____ | _____ | _____ | _____ |
| 4. Condition on Discharge | _____ | _____ | _____ | _____ |
| 5. Instructions Given to Patient | | | | |
| a. physical activity | _____ | _____ | _____ | _____ |
| b. medication | _____ | _____ | _____ | _____ |
| c. diet | _____ | _____ | _____ | _____ |
| d. follow-up call | _____ | _____ | _____ | _____ |
| F. Was the health record completed within 30 days of discharge from inpatient status? | _____ | _____ | _____ | _____ |

HEALTH RECORD AUDIT WORKSHEET
INPATIENT

(TO BE COMPLETED BY CLINICIAN)

| | YES | NO |
|---|-------|-------|
| A. HISTORY AND PHYSICAL (Is the information adequate and relevant) | | |
| 1. Chief Complaint | _____ | _____ |
| 2. History of Present Illness | _____ | _____ |
| 3. Review of Systems | _____ | _____ |
| 4. Past Medical History | _____ | _____ |
| 5. Physical Examination | _____ | _____ |
| 6. Diagnostic and Therapeutic Orders | _____ | _____ |
| B. Are the Progress Notes complete and sufficiently documented, and would they allow you to adequately assess the care given and results of treatment to assume the care of this patient? | _____ | _____ |
| C. OPERATION (Is the information adequately documented) | | |
| 1. Pre-Op Evaluation and Diagnosis | _____ | _____ |
| 2. Post-Op Diagnosis | _____ | _____ |
| 3. Operative Report | _____ | _____ |
| D. Are all studies ordered (lab, x-ray, consultations, etc.) supported in the record? | _____ | _____ |
| E. DISCHARGE SUMMARY (Is information adequately documented) | | |
| 1. Reason for Admission | _____ | _____ |
| 2. Significant Findings | _____ | _____ |
| 3. Procedures Performed and Treatment Rendered | _____ | _____ |
| 4. Condition on Discharge | _____ | _____ |
| 5. Instructions Given to Patient | | |
| a. physical activity | _____ | _____ |
| b. medication | _____ | _____ |
| c. diet | _____ | _____ |
| d. follow-up care | _____ | _____ |

**HEALTH RECORD AUDIT WORKSHEET
OUTPATIENT
(TO BE COMPLETED BY HEALTH INFORMATION STAFF)**

HEALTH RECORD NO. _____ REVIEWER: _____

INSTITUTION: _____ REVIEW DATE: _____

| | YES | NO | N/A | PROVIDER CODE #(if applicable) |
|--|-------|-------|-------|--------------------------------------|
| A. UNIT RECORD | _____ | _____ | _____ | _____ |
| B. IDENTIFYING INFO ALL FORMS | _____ | _____ | _____ | _____ |
| 1. Name | _____ | _____ | _____ | _____ |
| 2. Number | _____ | _____ | _____ | _____ |
| 3. Institution | _____ | _____ | _____ | _____ |
| 4. Date | _____ | _____ | _____ | _____ |
| C. CHART ORDER CORRECT | _____ | _____ | _____ | _____ |
| 1. Section I | _____ | _____ | _____ | _____ |
| 2. Section II | _____ | _____ | _____ | _____ |
| 3. Section III | _____ | _____ | _____ | _____ |
| 4. Section IV | _____ | _____ | _____ | _____ |
| 5. Section V | _____ | _____ | _____ | _____ |
| 6. Section VI | _____ | _____ | _____ | _____ |
| D. ALLERGY LABEL ON JACKET, if applicable | _____ | _____ | _____ | _____ |
| E. ENTRIES ON SF-600 | _____ | _____ | _____ | _____ |
| 1. Dated | _____ | _____ | _____ | _____ |
| 2. Timed (Military) | _____ | _____ | _____ | _____ |
| 3. Legible | _____ | _____ | _____ | _____ |
| 4. SOAP Format | _____ | _____ | _____ | _____ |
| 5. Signed (including credentials) | _____ | _____ | _____ | _____ |
| F. CONSULTATIONS, as ordered | _____ | _____ | _____ | _____ |
| G. OUTPATIENT SURGERY | _____ | _____ | _____ | _____ |
| 1. Pre-/Post-Op Instructions | _____ | _____ | _____ | _____ |
| 2. Operative Report | _____ | _____ | _____ | _____ |
| 3. Anesthesia Record | _____ | _____ | _____ | _____ |
| 4. Tissue/Pathology Report | _____ | _____ | _____ | _____ |
| 5. Signed Consent Form | _____ | _____ | _____ | _____ |
| H. RESUME OF CARE PROVIDED BY OUTSIDE PROVIDERS | _____ | _____ | _____ | _____ |
| I. LAB & X-RAY REPORTS, as ordered | _____ | _____ | _____ | _____ |
| J. PPD RESULTS RECORDED IN MILLIMETERS | _____ | _____ | _____ | _____ |
| K. H&P, TESTS AND CONSULTS REVIEWED BY PHYSICIAN | _____ | _____ | _____ | _____ |
| L. CHARTING ERROR CORRECTED IN ACCORDANCE WITH POLICY | _____ | _____ | _____ | _____ |

HEALTH RECORD AUDIT WORKSHEET
OUTPATIENT
(TO BE COMPLETED BY CLINICIAN)

HEALTH RECORD NO. _____ REVIEWER: _____

DATE: _____

| | YES | NO | N/A | PROVIDER CODE #(if applicable) |
|--|-----|----|-----|--------------------------------------|
|--|-----|----|-----|--------------------------------------|

| | | | | |
|--|-------|-------|-------|-------|
| A. Are the Progress Notes sufficient to allow you to assume the care of the patient? | _____ | _____ | _____ | _____ |
|--|-------|-------|-------|-------|

| | | | | |
|-----------------------------------|-------|-------|-------|-------|
| B. Are Consultations appropriate. | _____ | _____ | _____ | _____ |
|-----------------------------------|-------|-------|-------|-------|

| | | | | |
|-----------------------------------|-------|-------|-------|-------|
| C. History and Physical complete. | _____ | _____ | _____ | _____ |
|-----------------------------------|-------|-------|-------|-------|

| | | | | |
|--|-------|-------|-------|-------|
| D. Do entries sufficiently document the S.O.A.P. for each patient encounter. | _____ | _____ | _____ | _____ |
|--|-------|-------|-------|-------|

S - Subjective
O - Objective
A - Assessment
P - Plan (including patient instructions/education)

| | | | | |
|---------------------------|-------|-------|-------|-------|
| E. Problem List complete. | _____ | _____ | _____ | _____ |
|---------------------------|-------|-------|-------|-------|

| | | | | |
|-------------------------------|-------|-------|-------|-------|
| F. Documentation Satisfactory | _____ | _____ | _____ | _____ |
|-------------------------------|-------|-------|-------|-------|

Recommendation for improvement in documentation _____

(SAMPLE)

UNITED STATES GOVERNMENT
M E M O R A N D U M
(NAME OF INSTITUTION)

DATE:

REPLY TO
ATTN OF:

SUBJECT: HEALTH RECORD REVIEW - (MONTH/YEAR)

TO:

A random sample via Sentry of 15 records were reviewed (date). All records were present or proper charge-out card in place. The findings are as follow:

DEFICIENCIES

1. Chart order incorrect in health record #XXXXXX-XXX.
2. PPD result not recorded appropriately in health record #XXXXXX-XXX.
- 3.
- 4.

ITEMS IN 100% COMPLIANCE

1. All health records had lab and x-ray reports charted as ordered.
2. Consultations were charted as ordered.
- 3.
- 4.

INCIDENTAL FINDINGS

Improper use of abbreviations. Physician review of reports inadequate.

Worksheets utilized for review will be available in the Health Information Management Department

Attachment: SENTRY Random Sample List

HOW TO FILE IN A TERMINAL DIGIT 2 SYSTEM

Filing in a terminal digit 2 format is actually quite simple. The files will be divided into 100 sections (00 - 99). Each section is called a terminal and numbered from 00 - 99.

To file a record, take the last 2 digits of the number to be filed in the terminal that corresponds to these two digits. Within the terminal, the records are filed numerically by the digits preceding the terminal digit numbers.

Sounds confusing, but the following examples will illustrate the filing process.

| <u>REGISTRATION NUMBER</u> | <u>FILED IN TERMINAL</u> |
|-----------------------------------|---------------------------------|
| 12345-678 | 45 |
| 12245-040 | 45 |
| 12445-089 | 45 |
| 13645-090 | 45 |
| 12245-000 | 45 |

The above numbers would all appear in section 45 on the file shelves and would be shelved in the following order:

| | | | | | |
|----------|---|---|---|---|---|
| Terminal | 1 | 1 | 1 | 1 | 1 |
| | 2 | 2 | 2 | 2 | 3 |
| | 2 | 2 | 3 | 4 | 6 |
| | 4 | 4 | 4 | 4 | 4 |
| | 5 | 5 | 5 | 5 | 5 |
| | 0 | 0 | 6 | 0 | 0 |
| | 0 | 4 | 7 | 8 | 9 |
| | 0 | 0 | 8 | 9 | 0 |
| | | | | | |
| | | | | | |

(SAMPLE)

(NAME OF INSTITUTION)
(ADDRESS OF INSTITUTION)
(CITY/STATE/ZIP CODE OF INSTITUTION)

REQUEST FOR COPIES OF HEALTH RECORDS - PLEASE REPLY TO HEALTH
INFORMATION DEPT

To: _____ Admission Date: _____
Name of Hospital

_____ Discharge Date: _____
Street Address

_____ City, State Zip

_____ Date of Birth
Full Name of Patient

_____ Sex

Please send copies of the following information: XX Consent for Procedures

XX Consultations

XX Discharge Summary

XX EKGs

XX History and Physical

XX Laboratory Reports

XX Orders for Cont'd Care

XX Pathology Report

XX Special Procedures and
Operation Reports

XX X-ray Reports

_____ All pertinent information

I hereby authorize and request the above named facility to release copies of my health records to (name of institution). These records will be used to provide me with continued medical care.

I agree that a photocopy of this authorization may be used as though it were the original.

This authorization will remain in effect for one year from the date of my signature.

_____ Date
Signature of Patient Register No.

_____ Staff Witness

cc: health record

RESPONSE TO REQUEST FOR MEDICAL INFORMATION
Federal Bureau of Prisons - FCI _____

TO: _____
(REQUESTOR)

DATE: _____

Your request for medical information re: _____
patient name/number
cannot be filled for the following reason(s)

___ (1) The record you have requested is voluminous. Most pertinent medical information is summarized on these forms. Please indicate which of these items you require:

___ Narrative Summary; ___ Operative Note(s); ___ Consultations; ___ History; ___ Physical Examinations.

___ (2) Identification is incomplete: ___ full name
___ register number ___ birth date.

___ (3) Insufficient time to fill the request in the time given. Records can be sent by _____(date). If this is satisfactory, no response is required.

___ (4) A signed consent form from the patient is required.

___ (5) The consent form has expired. Please have the patient execute a current one. (Good for 3 months from (date).)

___ (6) Specific time frame for specified illness is required. Please state the nature of the illness(es) and the dates treatment was received.

CHAPTER VI: PATIENT CARE

Section 1. General Standard

The general standard for health care delivery at Bureau facilities is the provision of ambulatory care and limited observation services. Each institution shall develop and maintain written plans and procedures defining the scope of health care provided in the HSU.

Section 2. Definitions

a. Health Services Unit. The HSU is the organizational unit that provides emergency and routine health care. In addition, the HSU is the designated part of an institution that delivers care to inmates on an ambulatory or observation basis. The provision of health care is subdivided into Urgent Services, Observation Services, and Ambulatory Care Services.

b. Outpatient Clinic. This area within the HSU provides diagnostic and other support services used by health care staff in their provision of emergency and ambulatory care services. It includes examination rooms, treatment rooms, dental clinic, radiology and laboratory areas, pharmacy, waiting areas, and administrative offices.

c. Observation Area. The observation area provides accommodations of limited duration for patients who are being treated for noncritical illnesses, recovering from surgery, or require observation, and who do not require acute care hospitalization.

d. Hospital (Medical Referral Center). The term "hospital" as used here is a Medical Referral Center that provides a full range of diagnostic and therapeutic services, including at least medicine, surgery, radiology, psychiatry, and laboratory; and a wide range of specialty consultative and other services on an inpatient basis. Inpatient services are available only at Medical Referral Centers.

Medical Referral Centers, in addition to providing inpatient services, also provide ambulatory care. Medical Referral Centers shall be so designated by the Medical Director and shall seek and maintain accreditation by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) under appropriate hospital, psychiatric, or long-term care standards. Unless specific direction is given by Bureau policy, Medical Referral Centers shall organize their programs to comply with JCAHO standards.

Section 3. Urgent Care

Each institution shall have written plans and procedures for providing urgent medical and dental services. Each urgent care plan shall include procedures for notifying the HSU for initial assistance, screening and, if appropriate, subsequent transfer of

the patient(s) to the HSU or to external emergency facilities.
The procedures shall address:

- a. Arrangements for on-site first aid.
- b. Use of an emergency medical vehicle.
- c. Use of one or more HSU urgent treatment rooms or other facilities.
- d. Transfer of the patient from the institution to a community medical facility.

A physician shall be on-site or be available for 24-hour continuous duty to take care of urgent medical problems that may occur after normal working hours. A community based hospital or a consultant physician can be utilized for this physician availability.

Section 4. Observation Services

Many institutions also provide limited observation bedspace. These beds are for the convenience of the institution and are not used in lieu of transfer to a Medical Referral Center or community hospital. These observation beds provide limited non-inpatient housing services for short stay or convalescent care of inmates. Observation beds are located in the HSU to which inmates are assigned for observation that does not require skilled nursing care or intensive medical treatments normally provided in a Medical Referral Center or community hospital setting (i.e. in-patient care). Examples include: post-op recovery requiring no specialized care, new cast observation, preparation for diagnostic studies. The length of stay in an observation bed will depend upon the housing needs of the institution.

Infectious Disease Isolation Rooms are negative air pressure-capable rooms constructed and operated in accordance with Centers for Disease Control (CDC) guidelines. The CD shall determine the length of stay for an inmate assigned to medical isolation in accordance with community standard practice on infectious diseases. Institutions have until August 1997 to have in place at least one negative air pressure capable isolation room.

When inmates refuse any component of infectious disease screening:

The CD may determine that there is a low probability of infectivity for any specific infectious disease; and

The CD may determine that medical isolation can be accomplished in an area other than the HSU (i.e., potential syphilis inmate single housed in SHU).

However, no inmate suspected of having TB may be housed in other than negative pressure HSU rooms.

Whenever an inmate is assigned to an observation bed in the HSU, staff must maintain sight or sound contact. Normally, this will be done by medical staff; however, correctional or other staff may be used when medical staff observation is not required. Sight and sound requirements may be met through electronic monitoring devices (i.e. nurse call systems or visual monitoring systems).

Each institution shall have written documentation defining plans and procedures for evaluation, assignment of observation beds, care, and release of observation bed patients. The plan shall:

- a. Define the scope of observation care services available.
- b. Delineate the clinical criteria for determining eligibility for assignment to an observation bed.
- c. Designate which individuals are qualified to provide care or services in the observation area.
- d. Delineate who has assignment privileges.
- e. Define the provision of emergency services for patients in the observation area, including procedures when a patient needs to be transferred to a community hospital.
- f. Define any required medical testing including routine laboratory tests.
- g. Define any required nursing care procedures.
- h. Define procedures for dietary/food services provisions.
- i. Define isolation procedures.
- j. Define frequency of medical rounds by medical staff.

Section 5. Ambulatory Care Services

Each institution shall have written plans and procedures for providing ambulatory medical services. Procedures for the outpatient department shall include at least: management of emotionally ill patients, privacy, inmate rights, contraband searches, infection control, poison control, CPR, immunizations, sick-call procedures, convalescence and quarters, treatment of patients in segregation and detention status, intake screening, urgent treatment, staffing, chronic-care clinics, accident reporting, ambulatory surgery, EKG, physical examinations, and eyeglasses.

- a. Special Housing Units. At least once a day, a health care provider shall visit any inmate confined to special housing units. The provider shall log each visit to special housing units, and shall record any medication administered in the inmate's health record. See the Program Statement on Discipline and Special Housing Units.

Health care and correctional staff shall take particular care to monitor any inmate who is potentially a suicide risk. See the Program Statement on Suicide Prevention Program.

b. Chronic-Care Clinics. Each HSU shall conduct chronic-care clinics at least quarterly. The CD shall have professional responsibility for all chronic-care clinics. Clinics may not be scheduled during peak sick call hours. Every effort shall be made to schedule consultant visits during non-peak sick call hours. A physician shall supervise and monitor all chronic-care clinics, and shall examine and evaluate any patient placed in or removed from a clinic. A MLP, under the direction of a physician, may manage the care of a stable patient in the clinics. The physician shall evaluate a patient requiring ongoing medication as often as clinically necessary.

The HSA shall ensure a tracking system is maintained that is accessible to all Health Services staff, to ensure identification and follow-up of patients for chronic-care clinics (the SMD tracking system is mandatory). The system shall:

- (1) Identify inmates using specific identifiers, by roster, who have specific chronic diseases, and require follow-up care.
- (2) Provide periodic review of the status of these inmates.
- (3) Identify for each patient the last visit and next visit dates and retrieve patients who have missed appointments.

The CD shall ensure that Health Services staff make all appropriate health record entries. Staff shall maintain complete notes from these clinics, using SF 600. Each entry on the SF 600 shall be preceded by a block stamp identifying the specialty clinic.

c. Eye Care

(1) Eyeglasses. The Bureau shall furnish prescription eyeglasses to any inmate requiring them, as documented through a professional prescription. Federal Prison Industries, FCI Butner, NC, is the only approved vendor at Government expense.

Inmates may retain their eyeglasses at admission, or may obtain eyeglasses from their home upon determination of need by medical staff. All such glasses are subject to inspection for contraband. The form permitting glasses to be sent to an inmate shall have attached the documentation of need.

An inmate desiring more than one pair of glasses, or a pair of a different style than provided by the Bureau, may obtain a copy of his or her prescription through the respective Unit Manager or Case Worker, for purchase at personal expense. Local guidelines shall govern the type and style of glasses obtainable. The Unit Manager may approve repair of privately obtained glasses by a non-Bureau optical firm.

(2) Contact Lenses. Contact lenses may only be prescribed when, in the clinical judgement of a Bureau or Bureau contract ophthalmologist, with the concurrence of the CD and HSA, an eye-refractive error is best treated with the prescription of contact lenses.

HSU staff shall evaluate sentenced inmates arriving at an institution with contact lenses to determine whether they may retain the lenses. Unless medical staff determine that contact lenses are medically necessary, HSU staff shall inform the inmate that prescription glasses must be obtained from home or an appointment made with the institution's optometrist for a prescription. Once the glasses are received, the contact lenses must be returned to their personal property or mailed home. HSAs shall ensure adequate contact lens supplies for inmates authorized contact lenses (those who must wear contacts as opposed to glasses), non-sentenced inmates, or those awaiting eyeglasses.

d. Intake Screening

(1) Newly Committed Inmates. Health Services Clinical Staff shall conduct an initial overall inspection of each newly committed inmate upon his/her arrival at an institution (BP-S354). This screening is to determine any urgent medical or mental health care needs, restrictions on temporary work assignments, and freedom from infectious disease, including lice. Lice-infested inmates shall undergo appropriate delousing procedures prior to transfer to regular housing (see current Program Statement on Intake Screening). Those inmates with immediate mental health needs shall appropriately be referred and housed.

(2) Bureau Intrasystem Transfers. The BP-S149 shall be reviewed and appropriately annotated at each receiving institution, including the institution of designation. The BP-360, Medical History Report is not needed for Bureau intrasystem transfers, notations on the BP-S149 are sufficient.

(a) It is prohibited to transfer inmates, (including all holdover status inmates, i.e., DEA, U.S. Marshals Service, INS, FBI, etc.), who have not been screened for TB, between Bureau institutions. It is the Health Services Administrator's responsibility to ensure health services staff completing the Medical Record of Prisoners in Transit form (BP-S149) have documented sufficient TB screening prior to signing the form.

This prohibition does not apply to court related activities or inmates being transferred on writ (to non-Bureau institutions).

(b) Transporting officials shall not accept any inmate for transfer unless either PPD or chest x-ray results are completed and satisfactory for medical clearance (upper left hand corner) on the BP-S149.

(c) Any inmate who refuses to submit to TB screening shall be subject to an incident report for failure to follow an order. Either a PPD test or a chest x-ray (if clinically indicated) is sufficient for TB screening prior to transfer within the Bureau. **TB screening is mandatory for all inmates. All newly committed inmates shall receive TB screening by PPD (mantoux method) or chest x-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest x-ray is obtained.**

If an inmate refuses both the PPD test and a chest x-ray, then, the institution shall involuntarily test the inmate. For tracking purposes, after involuntary testing for TB, the CD shall send a message to the Bureau Medical Director with a copy to the respective Regional Director. The message must contain:

- # the inmate's name and register number;
- # the specific disease for diagnosis; and
- # some indication that education and counseling have been provided to the inmate in a format appropriate in content and vocabulary to the inmate's educational level, literacy, and language.

Staff shall only use the amount of force necessary to gain the inmate's compliance. The CD shall document the education and counseling as well as the specific diagnostic evaluation or procedure in the inmate's health record.

(d) Inmates who refuse TB screening shall not be placed in medical isolation unless there is a clinical indication for such isolation. Local institution policy shall dictate whether inmates who are subject to an incident report for failure to follow an order are placed in administrative detention/segregation.

e. Physical Examinations (Short-Term). For individuals in predictably short-term custody (MCCs/MDCs/ Jails), an initial complete physical examination to determine medical needs shall be done within 30 days of admission on the appropriate physical examination form.

However, TB screening must be initiated within two working days of incarceration. All newly committed inmates shall receive TB screening by PPD (mantoux method) or chest x-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest x-ray is obtained.

This examination includes, but is not limited to, the following components:

- (1) **Medical:** history (BP-S360) and examination (SF 88).
- (2) **Mental Health:** SF 88, Section 72.

- (3) **Laboratory**, including, but not limited to, VDRL/RPR, UA (microscopic if indicated), examination for lice and other contagious diseases, and CBC (differential if indicated).
- (4) **Dental**: SF 521, Section 44 or SF 88, Audiometric: SF 88, Sections 70-71 (see Hearing Conservation Programs Section, or when clinically indicated).
- (5) **Visual**: SF 88, Sections 59-69
- (6) **Diagnostics**: Chest x-ray if clinically indicated.

f. Physical Examinations (Long-Term). For individuals in predictably long-term incarceration (sentenced/designated), an initial complete physical examination to determine medical needs shall be done within 14 days of admission on the appropriate examination form.

However, TB screening must be initiated within two working days of incarceration. All newly committed inmates shall receive TB screening by PPD (mantoux method) or chest x-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest x-ray is obtained.

This examination includes, but is not limited to, the following components:

- (1) **Medical**: history (BP-S360) and examination (SF 88) Mental Health: SF 88, Section 72
- (2) **Laboratory**, including, but not limited to, VDRL/RPR, UA (microscopic if indicated) examination for lice and other contagious diseases, and CBC (differential if indicated).
- (3) **Dental**: SF 521, Section 44
- (4) **Audiometric**: SF 88, Sections 70-71 (see Hearing Conservation Programs Section, or when clinically indicated)
- (5) **Visual**: SF 88, Sections 59-69
- (6) **Diagnostics**: Chest x-ray if clinically indicated.

The Complete Examination policy applies to all Bureau institutions, except as noted above under the short-term physical examination section. Unless clinically indicated, Health Services staff do not need to complete a new physical examination on an inmate who has had one documented, provided that the inmate has been in continuous custody.

Other Considerations: For an inmate transferred from another Bureau facility, staff do not need to conduct a second complete initial physical assessment if the inmate does not present any medical problems and has already had a complete health assessment for this period of confinement. The Dental examination may be waived, except for those inmates complaining of dental pain or having dental problems.

Health Services staff shall refer in writing any inmate showing evidence of substance dependency/abuse to the institution Chief Psychologist prior to preparation of the psychological report, to fully assess the presence and extent of addiction. Staff shall obtain a detailed history, including date of initial drug use, route of introduction (sniffing, intravenous, intradermal), and any episodes of withdrawal, and shall conduct a physical examination, paying particular attention to any evidence of addiction, such as needle scars, perforation of the nasal septum, or symptoms of withdrawal.

g. Physical Examination Offered Every Two Years. Health Services staff shall ensure the availability of a physical exam every two years for the inmate population. Procedures indicated in this section and, in the case of female inmates, Chapter XI, shall be the guidelines for the examinations. Staff shall initially notify inmates of the availability of this examination through means such the A&O Handbook and posted information in the HSU. HSU staff shall schedule physical examinations for those inmates requesting the examination.

h. Examinations for Inmates Age 50 and Over. As part of the admission physical examination for inmates over the age of 50, staff shall offer each inmate an electrocardio-gram and a rectal exam during which a hemocult test is performed. Refusal of the EKG or rectal examine shall be documented on the physical examination form. Inmates with a positive test for occult blood shall be offered a sigmoidoscopy. Staff shall obtain consent for any such procedure. Should an inmate refuse any procedure, staff shall counsel him/her regarding risks, and shall document a refusal on the physical examination form. The A&O Handbook and posted information in the HSU shall describe eligibility for this examination.

Health Services staff shall ensure the availability of an annual physical examination for inmates over the age of 50. Staff shall initially notify inmates of the availability of the examination through means such as the A&O Handbook and posted information in the HSU. HSU staff shall schedule physical examinations for those inmates requesting the examination.

i. Release. An inmate being released from the system may request a medical evaluation if he or she has not had one within 1 year prior to the expected date of release. Such an examination should be conducted within two months prior to release. The A&O Handbook and posted information in the HSU

shall describe eligibility for this examination. HSU staff shall schedule physical examinations for those inmates requesting the examination. The Bureau is not responsible for the cost of physical exams performed by non-Bureau health care staff prior to release from a CCC.

j. Female Examinations. Refer to Chapter XI.

k. Food Handlers' Examinations. No inmate shall be assigned to work in Food Service without medical clearance. Health Services staff shall examine each inmate prior to assignment to ensure absence of infectious disease. The Food Service Administrator shall provide notification to the HSA of those inmates who require an annual Food Handler's examination.

The Food Handler's examination shall be conducted in sufficient detail to determine the absence of:

Acute or chronic inflammatory conditions of the respiratory system

Acute or chronic infectious skin diseases

Acute or chronic intestinal infection

Communicable disease.

Local institution policy shall dictate the notification and documentation requirements for the Food Handler's examination. No specific diagnostic testing (other than up-to-date TB screening) is required. Any diagnostic testing shall be ordered on a clinically indicated basis only.

l. Inmate Immunizations. The Bureau follows the recommendations of the Centers for Disease Control (CDC) for immunization schedules and doses. HSUs shall refer to the most recent recommendations, incorporated here by reference. All HSUs shall subscribe to the Morbidity and Mortality Weekly Reports from the CDC. In addition, the following specific immunization policies shall be followed:

(1) Influenza. HSUs shall administer this vaccine in accordance with the recommendations of the Surgeon General's Advisory Committee on Influenza or special instructions from the Medical Director.

(2) Poliomyelitis. When poliomyelitis vaccination is necessary the Bureau follows CDC recommendations. HSUs shall administer this vaccine in accordance with the recommendations of the Surgeon General's Advisory Committee or special instructions from the Medical Director. Routine poliomyelitis immunization for adults in the continental United States is unnecessary because of the extreme unlikelihood of exposure. However, persons in contact with a known case of polio, as well as those employed in hospitals, medical laboratories, and sanitation facilities should be considered for immunization.

(3) Typhoid. Immunizations are indicated only in the following situations: Intimate exposure to a known carrier; community or institutional outbreak; or foreign travel to areas where typhoid fever is endemic.

(4) Tetanus. Immunization for tetanus shall be administered following CDC guidelines.

(5) Female immunizations. Refer to Chapter XI.

Health Services staff shall maintain the immunization record SF-601 in each individual health record. Upon request following their release, the medical department may provide inmates with records of their immunizations during confinement using Form PHS-1595-2, Health Record Care.

m. Sick Call. A physician or other qualified health care practitioner shall provide routine sick call at least four regular workdays per week. Urgent Care Services shall be available at all times.

For inmates whose custody status (i.e., segregation, administrative detention, or Witsec) precludes attendance at regular sick call, staff shall provide sick call services in the place of the inmate's detention seven days per week. Staff shall record all visits on regular and urgent care call on the "Chronological Record of Medical Care" (SF-600), using the following elements:

S-Subjective or Symptomatic data
O-Objective Data
A-Assessment
P-Plans

The only exceptions to the use of the SOAP method is for entries of "drugstore" item requests and administrative notes.

Administrative Notes are notes placed on the SF-600 to document issues important to the care of the patient (i.e., laboratory and radiology results, review of consultant reports, patient non-compliance, etc.).

Staff shall ensure that all entries include date and time of patient encounter and signature and position/title of the provider. Each page of the SF-600 shall give the patient's name and number and the institution where treatment was provided.

(1) Examination Areas. Staff shall see patients individually in a private examination area. Other inmates shall not be present, except in emergencies or other unusual circumstances (i.e., translations when no staff interpreters are available). The examiner shall have the inmate's health record during all patient visits.

The examining room shall have adequate space (minimum of 100 sq. ft.), running water, and provision for both the examiner and examinee to be seated. There shall be adequate desk space so that the examiner may make notes in the health record, and necessary forms and equipment, including an examining table.

When sick call is conducted in a satellite area (segregation, special custody units, industry locations, camps, units with difficult egress, etc.), adequate space and equipment shall be available, consistent with the requirements above. The SOAP label shall be used to document rounds in segregation/detention units in lieu of the inmate's health record. This label is then attached to the Form 600.

(2) Staff Participation. While the organization of sick call will differ at each institution depending upon available personnel and their professional qualifications, the entire clinical staff should participate if feasible. A physician should be available for consultation during sick call. Staff may refer non-emergency sick call visits for a return appointment for more detailed evaluation and treatment.

(3) Request to See the Physician. Staff are to ensure inmates who specifically request to see a physician shall be permitted to do so. Referring staff shall inform the physician of the inmate's request and medical complaint. The physician shall decide if an appointment should be scheduled.

(4) Opportunity to Attend Sick Call. Staff shall provide inmates the right of access to sick call. Health Services staff shall exercise professional judgement to determine the day and time of a sick call appointment. Each institution shall establish a written statement implementing this policy, consistent with staff schedules.

(5) Sign-Up Procedures. Staff shall provide inmates the opportunity to sign up for sick call without other inmates hearing their medical complaints. This can be best accomplished, for institutions having sallyports in the HSU, by having one inmate at a time sign up at the sallyport. Another method would be individual sign-up slips where the inmate can write down the complaint or the urgency of the medical need. The sign-up slip shall be the preferred method of sign-up in special housing units. Local institution procedures shall be developed to ensure that special housing unit inmates can sign up in private by use of individual sign-up slips. This does not preclude medical staff who make special housing unit rounds from having at least visual contact with each inmate. In addition, staff shall ensure that inmates requesting sick call services who have not previously signed up are scheduled for sick call.

Staff shall allow an appropriate period of time each day sick call is held for inmate sign-up. Inmates will be scheduled for appointments as they sign up, unless an inmate claims an

emergency exists. If an inmate claims a medical emergency, or in the judgement of the staff member signing up sick call an emergency may exist, the inmate shall be triaged by a health care provider to assess whether an immediate or urgent need exists, or whether an appointment can be scheduled for that day or a subsequent day.

Section 6. Surgical Services

Health Services staff shall ensure that surgical consent forms are completed for all ambulatory-type surgical procedures, and shall document procedures in the "Operating Room Log" and inmate health records.

HSUs with operating room facilities shall have written policies and procedures for surgical procedures in accordance with JCAHO standards.

Section 7. Serious Illness and Death Procedures

An Institution Supplement shall be developed to incorporate specific information covered in the guidelines listed below. For further information refer to the Program Statement on Escapes/Deaths Notification.

When an inmate's medical condition becomes life-threatening and death may be imminent, these principles and procedures shall be followed:

a. The Bureau remains committed to the principle of preserving and extending life. A seriously ill or dying inmate should be provided care consistent with this goal (see Chapter VI, Section 8).

b. When an inmate is in a community hospital, the Bureau retains authority regarding administrative decisions (visitors, movement of the inmate, limits on services the Bureau will authorize, etc.) and the hospital retains authority for professional medical decisions (drug regimen, lab tests, x-rays, performance of treatment, etc.). As long as the treatment conducted by the hospital and agreed to by the inmate or family does not exceed what is provided by the Bureau, the treatment shall be permitted.

In most cases, the inmate will be in a local hospital and the hospital will have procedures in compliance with State law regarding the involvement of next of kin. The hospital shall be permitted to follow its established bylaws concerning seriously ill or dying inmates.

The Bureau should be kept aware of the treatment the inmate is receiving, but medical staff of the hospital shall retain the authority for decisions concerning treatment.

c. The serious illness of an inmate is of immediate concern to the inmate's family; the institution shall promptly notify the next of kin. The immediate family member (next of kin) shall be made aware of the medical condition, the inmate's location, and the limitations placed on visiting. While the Bureau will continue to control conditions under which a family member may visit, consideration shall be given to providing the maximum opportunity for visitation.

As soon as possible, the HSU shall notify the Warden and Chaplain by phone or in person of the inmate's condition, and the CEO shall arrange to notify the family. Subsequently, the Warden shall be notified of the illness by confirming memorandum from a member of the medical staff. The memorandum shall briefly describe the illness and provide a prognosis, if possible. A copy shall be sent to the Chaplain. With respect to serious illness, major surgery, or death of a pretrial inmate, the Warden's representative shall also notify the Committing Court and the U.S. Attorney's Office as discussed in Program Statement on Escapes/Deaths Notification.

d. When inmates are suitable candidates for release and appropriate arrangements can be made for early release or furlough (and the inmate and family desire such arrangement), the institution should expedite processing of the release action.

In case of death, the Warden or the Warden's representative will notify the family of the deceased in the same manner as in the case of serious illness.

Before the initiation of an autopsy or embalming, determination of the inmate's religious preference shall be made. Religions such as Judaism and Islam forbid embalming. Additionally, there are other religious specific requirements involving autopsies and embalming. Therefore, it is critical the institution's religious department head should be consulted prior to final authorizations for autopsies or embalmings.

Autopsies. An autopsy examination is ordinarily performed in the interest of practicing a high standard of medicine. Refer to Program Statement on Autopsies, and Attachment VI-A, Autopsy Authorization form.

Each institution shall develop procedures describing when to contact the local coroner regarding such issues as performance of an autopsy, who will perform the autopsy, obtaining State-approved death certificates, and local transportation of the body. State laws regarding these issues vary greatly; where legal questions arise, Regional Counsel should be contacted. State law provisions and guidelines on when to contact the coroner shall be incorporated into an Institution Supplement and a copy forwarded to Regional Counsel.

For DO NOT RESUSCITATE ORDERS, refer to Chapter VI, Section 8 of this Manual.

Section 8. Inmate Living Wills, Advance Directives, and "Do Not Resuscitate (DNR) Orders"

Medical technology has advanced to the state where both health care providers and patients are confronted with questions whether continued medical interventions are therapeutic or only prolong pain and suffering in an irreversible, incurable, terminal illness or condition. The medical community now recognizes that in some circumstances the patient may decide, when competent to do so, whether some or all treatment modalities that only prolong selected physiological functions should be terminated or not initiated when recovery or cure is not possible.

The patient's right to refuse medical treatment is not absolute and, in all cases, will be weighed against legitimate governmental interests, including the security and orderly operation of correctional institutions.

The terms "life sustaining procedure" or "life supporting procedure" indicate any medical intervention or procedure that only prolongs the dying process or uses artificial means to sustain a vital function.

Health care providers are relieved from liability under applicable State law for following instructions set out in adult health care declarations as long as the physician believes "in good faith" that he or she followed the declarant's instructions.

a. Living Wills

(1) Each institution shall develop written guidelines and procedures implementing Living Wills. These guidelines shall include items such as information on State living will law, a photocopy of the legislation, and the appropriate State living will formats. The guidelines should also include instructions for inmates who wish to have a living will other than the generic form the Bureau provides. In these circumstances, the guidelines should provide the opportunity to have a private attorney prepare the documents at the inmate's expense.

(2) **While general population institutions are required to have written guidelines and procedures implementing living wills, living wills are not to be activated at general population institutions.** The purpose of this requirement is to permit inmates the opportunity to draw up a living will prior to a serious/terminal medical condition. The living will shall be maintained in Section 5 of the health record.

(3) When it is determined that the terms of a living will should be carried out, either the community based hospital or Bureau Medical Referral Center will implement the terms of the living will based upon current circumstances. If an inmate is in a community based hospital, the hospital's by-laws, local and state laws, and family's wishes determine when/how/if at all a living will will be implemented.

(4) Living wills are not used in general population institutions to withhold resuscitative services. If an inmate requires resuscitative services while in a general population Bureau institution or while in transit to a community hospital or MRC from a general population institution, all necessary resuscitative services shall be provided despite the presence of a living will. DNR orders may not be written at general population institutions.

b. Advance Directives (Medical Referral Centers Only). When an MRC determines that the terms and conditions of a patient's adult health care declaration (Advance Directive) should be implemented, the MRC shall notify the Medical Director, Regional Director, and Regional Counsel of the name and basic circumstances of the patient. To protect the interests of the patient and the Government, the Government may seek judicial review in some cases or administrative review of the declaration in the development of the Advance Directive. The decision to seek judicial or administrative review shall be made at the Regional level, with input from the MRC, the Medical Director, and, when appropriate, the local U.S. Attorney's Office. Attachments VI-B and VI-C shall be completed to implement this policy and procedure.

c. Do Not Resuscitate Orders

(1) Do Not Resuscitate Orders only apply to the MRC. The HSA at MRCs shall ensure a local Institution Supplement is developed containing specific procedures and guidelines pertaining to DNR orders. The following is a minimum requirement for content in an MRC DNR Institution Supplement:

(a) Prior to effective implementation, DNR Institution Supplements must be approved by the Warden, Regional Director, and Bureau Medical Director.

(b) All DNR orders written by staff physicians must be approved by the CD or acting CD.

(c) Institution Supplements on DNR orders shall accommodate the particular circumstances of the institution as well as state and local laws (e.g., where Natural Death Acts or Living Will Statutes may apply).

(d) Institution Supplements must both protect basic patient rights and ensure that Bureau responsibilities are fulfilled.

(e) Institution Supplements shall stipulate that a decision to withhold resuscitative services will only be considered under these conditions:

(i) The inmate has voluntarily requested or is in complete agreement with the decision. When the inmate is unconscious or otherwise unable or incompetent to participate in the decision, every reasonable effort shall be undertaken to

obtain written concurrence of one or several members of the immediate family. The attending physician must document these efforts in the health record.

(ii) The inmate is diagnosed with a terminal illness or terminal injury. For purposes of this policy, a terminally ill or terminally injured patient is defined as one whose underlying condition is determined to be incurable by the attending physician with available technology and whose death is considered imminent or likely to occur during the current course of hospitalization.

(iii) An order not to resuscitate is consistent with sound medical practice and not in any way associated with assisting suicide, voluntary euthanasia, or expediting the inmate's death.

(2) Proper documentation of a valid order in the patient's health record shall include:

(a) A stipulation of standard terminology placed on the front of the record and inpatient chart, in addition to the doctor's order sheet, "Do Not Resuscitate," "DNR."

(b) A requirement that DNR orders are subject to regular review by the ordering physician.

(c) A requirement that the health record accompanying an order to withhold resuscitative orders contain, at a minimum, written information on:

- (i) The diagnosis.
- (ii) The prognosis.
- (iii) The patient's expressed wishes, accompanied by written documentation by the patient when possible (i.e. a Living Will).
- (iv) The wishes of the immediate family member(s).
- (v) Consensual decisions and recommendations of the medical staff or consultants, with documentation of names.
- (vi) References concerning the patient's competency, when the decision was based on his/her concurrence.
- (vii) Available documentation of "informed consent." The DNR order must be legibly written and signed by the ordering physician and CD.

(3) Notification: Institutions are required to notify the Medical Director, Regional Director, and Regional Counsel of the name and basic circumstances of anyone for whom a "Do Not Resuscitate" order has been written in the health record.

(4) Related Medical Care: Any inmate with a "Do Not Resuscitate" order in the health record is entitled to receive maximal therapeutic efforts short of resuscitation.

Section 9. Diets

Unless clinically indicated as part of the treatment regimen, medical staff may not order special food items. Where a special diet is required to supplement a medical regimen, Program Statements on the Food Service Manual and Guidelines for Medical Diets, shall be used as guidelines. Special diets shall be prescribed only by the CD, staff physician, or staff dentist. PAs at Medical Referral Centers may prescribe a special diet, but it must be countersigned by the CD.

Documenting patient education in the health record is the responsibility of the prescriber and dietitian. It is highly recommended that institutions contract for a consultant dietitian for counseling services and patient education if there is no full-time dietitian. The contract should be let as a health services contract.

Section 10. Deafness and Hearing Aids

Hearing aids can be justified only by bona fide clinical indication, evaluated in light of the inmate's work and social relationships. HSAs shall ensure that batteries are available for inmates with hearing aids. If an inmate brings a personal hearing aid into the institution, after verification, he/she shall be allowed to keep it. However, the inmate may not purchase a personal hearing aid once committed to an institution.

Section 11. Transsexuals

It is the policy of the Bureau to maintain a transsexual inmate at the level of change existing upon admission. Should the CD determine that either progressive or regressive treatment changes are indicated, the Medical Director must approve these prior to implementation. The use of hormones to maintain secondary sexual characteristics may be continued at approximately the same levels as prior to incarceration (with appropriate documentation from community physicians/hospitals) and with the Medical Director's approval.

Section 12. Sterilization

Inmates shall not be sterilized, except for bona fide medical indications.

Section 13. Dialysis

Patients with renal disease requiring dialysis shall be referred to the Medical Designator for transfer consideration to a Medical Referral Center or other institution capable of providing dialysis. For inmates entering the Bureau on peritoneal dialysis, the CD shall strive to maintain the peritoneal dialysis if clinically appropriate.

Section 14. Infectious Diseases

Infectious diseases should be diagnosed, treated, controlled, and reported through appropriate programs, working closely with the local health departments. When any patient is admitted with a suspected or diagnosed communicable disease, appropriate isolation procedures are followed.

The HSA shall notify the State Department of Health for all communicable diseases. Each institution should cooperate with the "disease intervention specialist" of each State in interviewing inmates who have been reported to the State Department of Health.

a. Tuberculosis. The CD shall maintain a tuberculosis control program to detect cases early and render them noninfectious by isolation, community based hospitalization and prompt treatment protocols that conform to CDC guidelines. Minimal requirements include:

(1) PPD tuberculin skin testing of all newly committed inmates. PPD intermediate strength material (by mantoux technique) shall be used. Proper recording of each test (name and strength of product used and date administered) and its result, the millimeters of induration, on the "Immunization Record," Form SF-601, is required.

An inmate shall be cleared for transfer if the PPD induration is considered within normal limits for the inmate's age and current health status. A PPD test is valid for one year unless otherwise clinically indicated.

(2) A thorough medical history and physical examination. Additionally, a chest x-ray shall be performed if a PPD is clinically contra-indicated. A chest x-ray is valid for one year unless otherwise clinically indicated.

(3) All inmates suspected of or diagnosed with tuberculosis shall be tested for HIV. This test shall be conducted and reported under the clinically indicated group.

(4) All known cases shall be reevaluated at regular intervals.

(5) All inmates suspected of having an active TB infection are to be immediately medically isolated (see current Program Statement on Infectious Disease Management). Active cases that cannot be adequately treated locally as an inpatient by a community hospital shall be referred to the Medical Designator. Treatment shall be initiated as soon as clinically indicated. Medical isolation is to be initiated and concluded in accordance with the current Program Statement on Infectious Disease Management.

(6) **All inmates at Bureau institutions shall receive mandatory annual TB screening consistent with procedures outlined above.**

b. Sexually Transmitted Diseases. Each institution shall establish and maintain an effective screening program for detection of sexually transmitted diseases. Treatment protocols shall conform to CDC guidelines.

Section 15. Standard Procedures for Determining Alcohol Intoxication

Two procedures are used most often to determine alcohol intoxication: analysis of blood to determine alcohol content, and analysis of a suspect's breath, using a breathalyzer. It is not unusual for medical staff to be asked to determine whether a suspect is intoxicated. In such cases, the medical staff should cooperate with the request to the extent of providing an appropriate medical evaluation and drawing blood and forwarding it to an approved laboratory for testing. All chain-of-custody documentation shall be appropriately completed in accordance with the request for this examination. Consent of the suspect is required before blood is drawn, except in medical emergencies where the patient is unable to consent. Use of a breathalyzer shall remain a nonmedical function.

Section 16. Detoxification

The CD shall establish guidelines for evaluation and treatment of inmates who require detoxification from mood- and mind-altering substances - alcohol, opiates, hypnotics, sedatives, etc.

The guidelines shall include specific detoxification protocols to be implemented upon order of medical staff. Treatment and supportive measures shall permit withdrawal with minimal physiological and physical discomfort.

Metropolitan Correctional Centers, Metropolitan Detention Centers, Federal Transportation Centers and jail units may provide methadone detoxification if clinically indicated. This program requires special registration. If an institution has a methadone detoxification program then the institution Chief Pharmacist shall complete and maintain registration for a methadone program.

Section 17. Vitamins

All institution Trust Fund Operations Sales Units, (Commissaries) may offer for sale one brand of a "multiple, one-a-day type" vitamin and one brand of Vitamin "C." The vitamins must be in pill form (no capsules). Each tablet shall contain not more than 150% of the Recommended Daily Allowance (RDA) of each vitamin, and may additionally contain at not more than 150% RDA: Calcium, Phosphorus, Iodine, Magnesium, Copper, Zinc, and Manganese. Vitamin "C" tablets may not exceed 500 mg per tablet. Particular attention must be given to limiting Vitamins "A" and "D," since they may have a cumulative toxic effect.

Selection of specific brands to be offered for sale shall be made after consultation with the institution CD. Unless clinically indicated as part of a treatment regimen, medical staff will not order or approve vitamins other than those available in the Trust Fund Operations Sales Unit.

When a vitamin supplement is clinically indicated as part of a treatment regimen, the vitamin will be considered medication and will be supplied by the HSU in accordance with the National Drug Formulary.

Section 18. Foot Problems

Most inmates can be fitted with standard institution shoes. The fitting of regular-issue shoes is the responsibility of the clothing issue department; inmates should be referred there if they come to sick call for properly fitting shoes. Every clothing issue department should have a standard foot measuring device (i.e., Broderick) that gives readings for both length and width. Physicians may not order shoes or orthotic devices unless there is definite clinical indication. Custom shoes shall be purchased commercially from Cost Center 323 - Inmate Services.

Section 19. Prosthetics and Orthotics

Patients requiring prosthetics and orthotics should be referred to the OMDT for possible referral to a Medical Referral Center. Telephone consultations concerning these areas are encouraged prior to referral.

Section 20. Organ Donation by Inmates

These procedures apply to living inmates currently incarcerated in the Bureau, not to posthumous donations:

a. Organ donations are only permitted when the recipient is a member of the donor's immediate family.

b. Hospitalizations or fees involved may not be at the expense of the Government. This includes costs associated with the U.S. Marshals Service, which is not financially responsible for guarding the inmate.

c. The inmate must sign a statement indicating the desire to donate an organ to a specified relative. The consent must state that the inmate understands the possible dangers of the operation, that the inmate agrees to this of his/her own free will, and that the Government will not be held responsible for any complications or financial responsibilities.

d. When an inmate is appropriately designated as community custody, that inmate may request consideration for a medical furlough, in accordance with furlough policy procedures.

e. The Bureau shall assist in the necessary preliminary medical evaluation to the extent reasonable within its resources.

f. The local institution shall coordinate procedures such as transportation, custody, classification, compatibility determinations, evaluation, hospitalization, furlough status, etc.

g. Inmates are not authorized to donate blood or blood products.

*** Section 21. Organ Transplantation**

The Bureau will consider organ transplantation as a treatment option for inmates in accordance with the following procedures:

a. When the Clinical Director at an institution determines it is medically necessary to evaluate an inmate's suitability for an organ transplant, he or she will initiate an organ transplant laboratory/specialist consultant work-up at the institution.

! Once a specialist determines that an inmate may be a potential candidate for organ transplantation, and the Clinical Director recommends that further evaluation is medically appropriate, the inmate will be evaluated at an appropriate facility such as a transplant center in the vicinity of the institution or a Bureau Medical Referral Center.

b. If an organ transplant center considers an inmate suitable for a transplant, the institution Clinical Director will then refer all pertinent medical/surgical/psychiatric documentation to the Medical Director for consideration.

c. If the Medical Director determines that organ transplantation is medically indicated, the inmate will be referred to an appropriate transplant center in accordance with

Bureau policy, transplant center regulations, and state and federal laws.

- ! Prior to **any** transplant center referral, the Medical Director **must first obtain the concurrence of the Assistant Director, Correctional Programs Division**, to ensure that all security issues or correctional interests regarding referral of the inmate have been satisfied.

d. The Bureau will pay medical care and hospitalization costs associated with organ donors.

- ! These expenses are limited to those costs directly related to the transplant procedure itself and does not include follow-up care associated with complications. *

Section 22. Physical Therapy

A detailed local manual shall be prepared and include, at least: infection control, scheduling of patients, hours of operation, modalities authorized to be performed, staffing, and safety and sanitation. Special considerations include:

a. Ground fault interrupters shall be present for all equipment using electrical current that may come in contact with the patient.

b. Inmates assigned to physical therapy may not administer any therapy without first receiving documented training in that specific modality.

c. Vacuum breakers shall be present on all hydrotherapy equipment to prevent back siphoning.

Section 23. Sexual Assault

a. When an inmate complains of being sexually assaulted, medical staff shall fully document the inmate's complaint, subjective/objective findings, and the institution's response to this complaint.

b. Institution medical staff are not to compromise medical evidence on the inmate. Inmates who complain of being sexually assaulted are to be transported to a local community facility that is equipped (in accordance with local laws) to evaluate and treat sexual assault victims.

Section 24. Examination by Personal Physician

Bureau health care services are provided by staff employed by the Bureau or used by the Bureau under a contractual agreement or other formal or informal understanding. Contract providers may include any health practitioners determined appropriate to perform necessary health care functions.

Inmates are ordinarily not permitted to use their own physicians or other providers, whether on a reimbursable or nonreimbursable basis, and whether there is a prior relationship between the inmate and the provider. There is no prohibition if a provider ordinarily used or specially engaged by the Bureau happens to have been a prior health care provider to the inmate; however, this is discouraged.

All health care services provided to the inmate under Government auspices will be at Government expense; none will be paid for by the inmate, the inmate's family, or a third party representing the inmate, except under very unusual circumstances approved by the Medical Director, and provided the CEO grants permission for the visit.

As a courtesy, discretion may be exercised to permit a private visit when a private physician was treating an inmate for a major medical problem prior to incarceration, or the Warden and Medical Director determine such a visit is reasonable and would not violate the best interests of any of the parties. Should an inmate request to be examined by a specific physician during incarceration, the Warden, upon consultation with the Regional Director and Medical Director, may permit such a visit for examination only at the inmate's expense. Such action may not be "routine", and it is anticipated that it will be infrequent.

Should the Warden grant permission for such a visit, the Warden shall provide reasonable time and space for the examination and shall require that a staff physician be present. This latter requirement may be waived at the Medical Director's discretion. The inmate shall execute a "Release of Information Consent Form." The staff physician shall meet with the visiting physician and freely discuss the case. The staff physician shall have authority from the Warden to terminate the examination if inappropriate activities are witnessed. While the visiting physician may not be provided the patient's health record for unsupervised perusal (but may review it under supervision), the staff physician should freely discuss the record, particularly in response to the visiting physician's questions.

Records used may include the TPR graphic sheet, blood pressure recordings, progress notes, laboratory findings, x-ray interpretations, and consultation reports. The examining physician shall provide a written report. The staff physician should review any recommendations the visiting physician makes and accept any written documents that the physician may present, but is under no obligation to carry out the visitor's recommendations. If the private physician's recommendations are not followed, an entry shall be made in the record to explain this decision fully. Written documents the visiting physician left shall be properly filed in the record. The staff physician shall document the visit in the progress notes or SF-600.

Section 25. Experimentation and Pharmaceutical Testing

Medical experimentation or pharmaceutical testing may not be conducted on inmates. Inmates may not be used as subjects for any non-therapeutic medical experimentation, including the use of unestablished drugs and unapproved medical techniques. This applies to any inmate in the custody of the Attorney General and assigned to the Bureau regardless of location, i.e., whether in a Bureau facility or in a jail, State institution, or other facility. This does not in any way limit the use of accepted diagnostic and therapeutic measures, or the collection of data relative to the use of such measure, when performed for bona fide medical indications under acceptable medical supervision.

This does not preclude the use of U.S. Department of Health and Human Services-approved clinical trials that may be warranted for diagnosis or treatment of a specific inmate when recommended by the responsible physician and approved by the Medical Director. Such measures must have the prior written consent of the inmate and must be conducted under conditions approved by HHS.

Section 26. Miscellaneous

a. Medical Duty Restrictions/Convalescence. Institutional policies govern procedures for medical duty restrictions/convalescence.

b. Preliminary Medical Reports of Injury - BP-362. An inmate must complete a BP-362 for even the most minor injuries, regardless whether they are related to work, recreation, assault, off-duty time, or occupational illness. A copy shall be forwarded to the Safety Manager. In each case the inmate should be quoted directly as to how the accident or occupational illness occurred.

c. Hearing Conservation Programs. Whenever individual noise exposure equals or exceeds the eight-hour time weighted average (TWA) sound level of 85 decibels (and above) measured on the "A" scale (slow response), the institution shall initiate a hearing conservation program. At a minimum, the program will include paragraphs (c) through (o) of the Code of Federal Regulations, Chapter 29, Part 1910.95. Major elements include: Monitoring areas where noise levels are expected to be 85 or more decibels for an eight hour day, notification of employees exposed to 85 or more decibels, audiometric testing for those exposed, and a training program.

The Safety Manager shall arrange for an initial survey of the institution to identify high-noise areas. Whenever conditions change (i.e. new equipment is installed), a resurvey of the area shall be performed. Any area with a noise level of more than 85 decibels shall be considered a high-noise area. Table G-16 of OSHA 1910.95 shall be the reference for permissible noise exposures. Where employees are subjected to noise levels exceeding the maximums listed in Table G-16, institutions shall use administrative or engineering controls to limit exposure and reduce noise levels to the extent possible.

Each institution shall have a trained health professional (documented in the privilege statement), supervised by a physician, audiologist, or otorhinolaryngologist, conduct audiometric testing. An institution may meet this requirement with Bureau staff, or with external contracts. Test equipment must be calibrated and certified annually.

Each institution shall provide baseline audiometric tests to inmates and staff prior to their assignment to high-noise areas. Within six months of an employee's first exposure at or above the

action level of 85 decibels, the employer shall establish a valid baseline audiogram against which subsequent audiograms can be compared. Annual audiograms shall be done for all employees assigned to work areas where a TWA of 85 decibels or more, per OSHA 1910.95, paragraph g(6), is found. Audiometric tests that are abnormal in the speech range shall have appropriate follow-up.

No individual shall work in a high-noise area 85 decibels (and above) who has not had an audiogram within the past 6 months. Audiograms shall be made at the 500, 1,000, 2,000, 3,000, 4,000, 6,000, and 8,000 Hertz (hz) frequencies.

Every person working in an area where noise levels exceed 85 decibels on an eight hour TWA must be retested annually. Upon retest, any person found to have a threshold change or shift of 10 Db or more from a baseline average over 2,000, 3,000, or 4,000 Hz frequencies must be removed from the high-noise area and reevaluated in 48 hours. If hearing returns to baseline after 48 hours, hearing protection is required if none has been used or it has been incorrectly used.

Any individual found to have a hearing loss greater than 25 Db in the same frequencies shall be restricted from the high-noise area for three months. After three months, a determination shall be made about the work assignment. Anyone with no usable hearing in one or both ears - a loss of 70 decibels or greater for the speech range average over 500, 1,000, and 2,000 Hz - shall never be assigned to a high-noise area.

Section 27. Employee Health Care

Each applicant for employment shall have a physical examination as part of the application process. Institution Health Services staff shall conduct the physical exam at the mutual convenience of the HSU and Human Resource Management staff. SF-78 shall document the examination. The completed form shall be given to the Human Resource Manager.

Components of the examination shall include: a complete medical and mental health history, a physical examination including audiometric testing, PA & LAT Chest x-ray, routine urinalysis (microscopic if indicated), CBC, VDRL, a rectal/gyn exam if indicated, and appropriate TB screening (TB screening may be completed during IF training).

Employees shall meet the physical standards established between the Bureau and OPM, and shall be able to perform their duties without hazard to themselves or others. Minimum basic standards are published in the announcement of examinations for various positions, available through the institution human resources office. In general, the examiner shall be guided by the mission and duties of employees in the Bureau and the requirement for high standards of physical and mental health. In questionable

situations, the approving physician may refer a case to an OPM Examining Board. If an examination is completed by other than a physician, it shall be reviewed and countersigned by a staff physician. Candidates with remedial defects or temporary illness at the time of examination shall be reexamined in 30 days.

Employees may receive an annual physical examination upon request, which shall be provided by institution medical staff. This exam shall include components listed in the pre-employment exam. Any additional diagnostic studies shall be performed by a private physician.

Employees shall be offered an annual PPD screening for tuberculosis. The Hepatitis B vaccine shall be offered during IF (within at least 10 days) for new employees, upon request of other employees not previously vaccinated, and contract employees who are at risk. No other immunizations/vaccines are authorized (refer to the current Program Statement on Infectious Disease Management).

All employees shall be afforded first-aid treatment for job-related injuries.

Employees who are concerned that they or a family member may have an alcohol, drug, or emotional problem are encouraged to voluntarily seek assistance, referral, and/or information on a confidential basis from the Employee Assistance Program.

Upon request, and with documentation from the employee's private physician, the CD may, based upon available resources, administer prescribed medications to employees on a case-by-case basis. HSUs may not dispense medications from institution stock for an employee's personal use, except in emergencies.

Drug-Free Workplace Testing Program (DFW)

The use of illegal drugs by Bureau employees adversely affects the accomplishment of the Bureau's mission. Employee use of illegal substances may endanger the lives of inmates, staff, and the public. Drug use impairs the objectives of maintaining a vigorous and alert workforce, and may make employees susceptible to bribery or weaken their dedication to drug interdiction. In correctional work, judgment and response are perhaps the two most important attributes an employee should possess.

The Bureau, as a result of its law enforcement responsibilities, as well as the sensitive nature of its work, has an especially compelling obligation to eliminate illegal drug use from its workplace. Urinalysis testing is reasonable when conducted for the purpose of determining whether employees are using drugs, whether on or off the job, that would adversely affect their ability to safely and securely perform their work.

Refer to the current Program Statement on the Drug Free Workplace for collection and review procedures.

AUTOPSY AUTHORIZATION

Name of deceased inmate:

Reg. No.:

As Warden, I have reviewed the above inmate's death with the attending physician, and find, pursuant to my authority under Title 18, U.S.C., Section 4045, that an autopsy should be performed. I find that the death is within the categories of deaths listed in 28 C.F.R. Section 549.80 (a) and that the autopsy is required, as it is necessary to determine the cause of death to:

1. Detect a crime.
2. Maintain discipline.
3. Protect the health or safety of other inmates.
4. Remedy official misconduct.
5. Defend the United States or its employees from civil liability arising from the administration of the facility.

(Warden's Signature)

Date

DECLARATION OF ADULT HEALTH CARE DECISIONS

NOTICE: This is an important legal document. This declaration gives you the opportunity to make your wishes clear regarding the withholding or withdrawal of life-sustaining procedures should you ever suffer a terminal and irreversible condition.

PLEASE DO NOT SIGN THIS DOCUMENT WITHOUT CAREFULLY READING IT. YOU SHOULD KNOW THE FOLLOWING FACTS:

a. This document gives your health care providers the power and guidance to make health care decisions when you are in a terminal and irreversible condition and cannot do so yourself.

b. This document may include what kind of treatment you want or do not want and under what circumstances you want these decisions to be made. You may state whether you want or you do not want to receive treatment.

c. Your health care providers will attempt to act consistently with your instructions, subject to legitimate Government interests, including the law of the State in which you receive treatment.

d. The decisions you make in this declaration regarding your medical treatment are personal. Your health care providers have the duty to follow your instructions, within sound medical judgement, and regardless of the wishes or beliefs of your family members, friends, or significant others.

e. This document will remain valid and in effect until and unless you amend it. You may advise your health care providers or another appropriate correctional official, such as your case manager, of such changes. It is preferable that you state your instructions in writing if you are able to do so.

f. You have the right to receive a copy of this document. Review this document periodically to make sure it continues to reflect your preferences.

g. A copy of this declaration will be made part of your health record at the institution to which you are assigned.

h. As used in these instructions and in the foregoing declaration, the following words are defined below, unless the context clearly states otherwise. **These definitions are for descriptive purposes only and may be different than or superseded by applicable State law.**

1. "Declaration" means a writing, a witnessed document, statement, or expression voluntarily made by the declarant, authorizing the withholding or withdrawal or life-sustaining

procedures, in accordance with the requirements of this part. A declaration may be made orally or in writing or by other means of nonverbal communication.

2. "Declarant" means a person who has signed a declaration as defined herein.

3. "Life-sustaining procedure" means any medical procedure or intervention which, within reasonable medical judgment, would only serve to prolong the dying process for a person diagnosed as having a terminal and irreversible condition. This includes the artificial administration of nutrition and hydration when defined as such by applicable State law. A "life-sustaining procedure" shall not include any measure deemed necessary to provide comfort care.

4. "Comfort care" means any medical procedure or intervention deemed necessary to alleviate pain.

5. "Health care provider" means a person, health care facility, organization, or corporation licensed, certified, or otherwise authorized or permitted by the laws of the State where the declarant is located to administer health care directly or through an arrangement with other health care providers, who is selected by or assigned to the declarant, and has primary responsibility for the treatment and care of the declarant. The term "health care provider" includes the Federal Bureau of Prisons.

6. "Qualified patient" is defined as one certified in writing as having a terminal and irreversible condition. Certification will be made by two persons who qualify as health care providers.

7. "Terminal and irreversible condition" is defined as including a condition of persistent vegetative state. This term also includes a condition caused by injury, disease, or illness which, within reasonable medical judgment, would cause death and for which the application of life-sustaining procedures would serve only to postpone the moment of death.

8. "Persistent vegetative state" means a condition caused by injury, disease, or illness in which, within reasonable medical judgment, the qualified patient will have no cognitive (conscious) or reflexive ability to swallow food or water to maintain daily needs and in which the brain has degenerated in an irreversible, permanent, progressive, and ongoing manner.

9. "Witness" means a competent adult, not an inmate, who is not related to the declarant by blood or marriage and who would not be entitled to any portion of the estate of the person from whom life-sustaining procedures are to be withheld or withdrawn upon his/her death. This term includes institution staff.

i. If there is anything in this document that you don't understand, you should ask for professional help to have it explained to you. You may need to re-execute this document if you are transferred to a Bureau of Prisons institution in another State.

I, _____, hereby certify that I
(please print)
have read the preceding notice carefully and that I, to the best of my knowledge, understand the aforementioned definitions.

Signed,

Declarant's signature

Date

Witness

Address

DECLARATION

TO MY FAMILY, DOCTORS, AND ALL THOSE CONCERNED WITH MY CARE:

I, _____, being of sound mind, willfully and voluntarily make known my directives to be followed if I am in a terminal and irreversible condition and become unable to participate in decisions regarding my health care. I understand that my health care providers are legally bound to act consistently with my wishes, within the limits of reasonable medical practice and other applicable law. I also understand that I am able to revoke this declaration at any time.

It is my wish that my dying will not be artificially prolonged under the circumstances set forth below and do hereby declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal and irreversible condition by two persons who qualify as health care providers, and the health care providers have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to prolong artificially the dying process, or that I have entered a persistent vegetative state, I direct that such life-sustaining procedures be withheld or withdrawn. It is further my wish that I be permitted to die naturally with only the administering of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and health care providers as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I recognize that my health care providers will attempt to act consistently with my instructions, within sound medical judgment and subject to legitimate governmental interests. I hereby authorize them to enter and participate in any judicial or administrative proceeding necessary to review or to uphold this declaration. I agree that this proceeding should be a private and speedy one, so that my wishes can be complied with as soon as practicable.

I understand that such proceeding would be performed on my behalf and, when applicable, the Federal Bureau of Prisons has my permission to file pleadings in my name and to request that judicial or administrative costs or other kind of payment not be assessed against the Bureau of Prisons.

I hereby request that the following person(s) be notified of my condition and my wishes as expressed in this declaration as soon as it is practicable and after my health care providers have certified that I have suffered a terminal and irreversible condition:

Name(s)
Address and Telephone Number Relationship

Further instructions.

Should any portion of this declaration be declared invalid, such invalidity shall not affect other parts of the declaration, which can be given effect independent of the invalid portion.

I understand the full import of this declaration, and I am mentally competent to make this declaration and do so without duress of any kind.

Signed,

Declarant's signature

Date

Time

City, Parish, and State of Residence

The declarant is personally known to me, and I believe the declarant to be of sound mind. I certify that the declarant voluntarily signed this declaration.

Signed,

Witness' Signature

Witness' Address

Date

Time

Reminder: Keep a copy of the signed declaration and return the original so it can be placed in your health record.

CHAPTER VII: MEDICAL DESIGNATION AND OUTSIDE MEDICAL CARE

Section 1. Medical Designations and Referral Services for Federal Prisoners

Medical Designations are made by the Central Office Medical Designator, SENTRY mail ID BOP MED DESIG, to assign inmates to Medical Referral Centers, institutions with resources, or non-Bureau community care resources. The Medical Designator makes designations, referrals, and denials based on:

- Urgency of need.
- Cost-effectiveness.
- Capabilities existent in Bureau facilities.
- Expected service period, including recuperation.
- Current bedspace availability.
- Security.
- Consultation with Bureau physicians at the sending and receiving institutions.

Generally, less expensive short-stay cases for inmates not requiring extensive security are referred to non-Bureau community contract care facilities. Cases that are of short duration, or longer stays requiring higher security measures, for which in-house capabilities exist and which may be transported to Bureau facilities without extreme risk of further injury or death, are designated to an appropriate institution or Medical Referral Center.

a. Length of Stay. Short hospitalizations in the range of 3 - 5 days for a surgical procedure followed by 1 to 3 post-operation appointments should be within the capability of most institutions. Inpatient hospitalizations and follow up procedures should be above these limits to be considered for a MRC transfer. Cases requiring long-term care are considered bona fide referrals.

b. Available Community Resources. Determine if there are sufficient resources in the community to handle a specific patient or medical condition. If the community resources are not available, then a referral should be considered.

c. Medical Resources Directory. The HSA at each institution shall update this directory as changes in staffing and resource availability occur. These changes shall be reported on SENTRY EMS Form 202 (BP-MED 18).

d. Medical Risk in Transport. Under no circumstances should patients be moved who are not in stable condition. Acutely ill patients must be truly stable before transport to a MRC.

e. Co-morbidities. The mere presence of several morbidities are in themselves not sufficient to justify a medical referral. In making a referral, the primary diagnosis should be identified.

Secondary diagnosis should be noted to the extent they will become part of the treatment regimen or are important in understanding the primary diagnosis.

f. Correctional Coverage. When there is insufficient local custodial coverage for treatment, referrals may then be considered on the basis of security. The circumstances should be documented.

g. Case Management. If there are specific reasons for the movement of the inmate related to the effective case management of the inmate, the circumstances should be documented.

h. Cost of Treatment. Community hospitalizations may cost just as much at a MRC as it does at the referring facility. If the referring facility has negotiated special rates in the local community, the procedure may cost less. If the inmate needs a procedure performed internally at a MRC, but would have to be done externally at the referring institution, the costs are likely to be more cost effective at the MRC.

i. Request Submission and Approval. If the cost estimate is over \$9,000, a SENTRY referral (Form 204) must be sent to BOP MED DESIG. The Office of Medical Designations and Transportation (OMDT) shall review the referral request and consult with the Medical Director as necessary. The Medical Director shall be the final authority for all medical designations. If a decision is made to pursue local treatment within the cost estimate noted above, a referral to OMDT is not necessary.

Cases being considered for local treatment shall be discussed by the institution with the respective Regional Health Systems Administrator. If a decision is made to obtain local treatment within the cost estimate noted above, a referral to the OMDT is not necessary.

Further consideration should be given when special transportation arrangements to a referral center are required, and where the total cost would exceed the cost of performing treatment locally.

Examples. Examples of procedures which may be performed in a more cost effective manner locally would be hernia repairs, some arthroscopic surgeries, carpal tunnel syndrome repairs, etc. Cases which require special transportation if transferred to a medical referral center should be processed in accordance with the Health Services Manual.

j. Transfer Procedures. By virtue of an inmate's condition, medical staff may declare a medical, surgical, or psychiatric emergency. Emergency referrals require special transportation, which includes air ambulance, air charter, or emergency-type ground transportation. Any case that can be moved via regular Bureau transit may not be considered an emergency.

Transfer of inmates after acceptance to a Medical Referral Center shall be through routine transfer procedures or special transportation, depending on their condition. The recommendation for mode of transportation shall be made by the attending physician and other medical staff at the referring facility. If emergency air ambulance or air charter is approved, the referring institution shall make all charter arrangements and notify the Medical Referral Center.

Inmates transferred to Medical Referral Centers from the court shall receive secondary designations. They shall be promptly discharged upon completion of their treatment regimen and determination by the Medical Referral Center that they are suitable for non-Center designations.

It is important that the HSA communicate all essential medical, surgical, or psychiatric information to assist the receiving Medical Referral Center in processing emergency transfers. The HSA shall completely fill out the EMS 204 form for accurate referrals.

(1) Emergency Referrals shall be on a Warden-to-Warden basis. Emergency cases shall be referred to the most appropriate center in terms of medical resources available, proximity, security/custody needs, and bedspace available. The referring facility and medical center will notify the Medical Designator of requests and acceptances via a SENTRY notification.

It is important that the HSA communicate all essential medical, surgical, or psychiatric information to assist the receiving referral center in processing emergency transfers. The HSA shall completely fill out the Medical/Surgical and Psychiatric Referral Request (EMS 204 form). The instructions for completing the EMS 204 form are provided in Attachment VII-A.

(2) Transfer of Inmates. Acceptance to a referral center will be accomplished through routine transfer procedures or special transportation depending on the medical and psychological condition of the inmate. The recommendation for mode of transportation will be made by the attending physician and other appropriate medical staff at the referring facility.

If the medical center approves emergency air ambulance or air charter, it is the responsibility of the referring institution to make all charter arrangements and notify the referral center once these have been made.

Inmates transferred to Medical Referral Centers from the court will receive secondary designations. Inmates are to be promptly discharged from the medical referral center upon completing their treatment regimen and a determination by the medical referral center that the inmate is suitable for a non-medical center designation, i.e., return parent institution or secondary.

(3) Completion of Required Medical Designation Request Forms (all transfer requests will be done via SENTRY). Medical/Surgical and Psychiatric Referral Request (SENTRY EMS Form 204). This form serves as the designation, transportation, and security worksheet from which the actual designation is made. It will also serve as the emergency referral request form and is used to document the patient's condition and the reason for transfer. The determination as to whether a patient is transferred depends on SENTRY Form 204 being thoroughly completed.

(4) Types Of Designations

(a) **Initial Designations.** Initial Designations are done for inmates who have recently been sentenced by the Court. Inmates with an acute medical problem(s) or those with chronic care requirements, are referred to the Medical Designator for an initial designation. Inmates without medical issues are designated by one of the six Regional Designators.

The following information must be considered before making an initial medical designation:

- (i) The medical needs of the patient.
- (ii) The security needs of the patient.
- (iii) Proximity to the patient's home.
- (iv) Transportation requirements.

(b) **Redesignations.** Redesignations are initiated for patients with an acute medical malady, or for those inmates which have chronic care needs that can not be addressed at the parent institution. Patients are referred to the Medical Designator for placement at one of six medical/psychiatric referral centers, or for authorization to be treated locally.

At Bureau facilities, local treatment of health care should be the normal course of action. Institutions may request inmate transfer for health care when in the clinical provider's opinion, the transfer will not result in a serious risk or adverse effect on the inmate. Other considerations include:

- (i) Prognosis for continued long-term treatment and rehabilitation.
- (ii) Treatment required is not available in the local community.
- (iii) The institution lacks the health care resources to provide the necessary follow-up treatment.
- (iv) There are overriding case management and/or security needs for the transfer.

Less expensive short stay cases for patients not requiring extensive security can be referred to the local community hospital with the RHSA's approval.

(c) **Emergency Transfers.** An emergency transfer is a medical, surgical, or psychiatric situation so declared by medical/mental health staff. This includes inmates who are not medically capable of transport via routine Bureau air/surface transportation, e.g., bus, USM/Bureau Airlift.

Selected Criteria for Emergency Transfer:

- (i) Medical resources at the referral center.
- (ii) Proximity to the parent institution.
- (iii) Security considerations to protect both inmate and staff.
- (iv) Custodial constraints.
- (v) Bedspace availability at the referral center.

The following steps are necessary to make an emergency transfer:

- (i) The physician makes a determination that an emergency referral is warranted.
- (ii) SENTRY Form 204 is completed.
- (iii) The Warden must be notified of the emergency request and authorize the request for transfer. ****CAUTION** ONLY THE WARDEN OR HIS/HER ACTING DESIGNEE HAS THE AUTHORITY TO APPROVE A TRANSFER TO ANOTHER BUREAU FACILITY.**
- (iv) SENTRY Form 204 is routed via SENTRY to the most appropriate referral center with a copy to BOP MED DESIG. Before sending the referral request to a second medical referral center, a denial for treatment must have been received from the first medical referral center.
- (v) The Medical Referral Center will send a notice of acceptance/denial via SENTRY to the originating institution and to OMDT.
- (iv) If approved, OMDT will prepare a SENTRY Transportation Authorization and route via SENTRY to the originating and accepting medical referral center.

The Medical Designator shall verify all transfers and authorize the use of appropriate funds. The referring institution is responsible for all trip arrangement to include

custodial and medical escort coverage. OMDT, in consultation with the attending physician and/or medical staff at the receiving institution, shall determine the most appropriate mode of transportation.

(d) **Routine Urgent Transfers.** A routine urgent transfer must be transported directly to a medical referral center within two weeks.

- (i) SENTRY Form 204 is sent directly to the Medical Designator.
- (ii) The Medical Designator will review each routine urgent transfer and approve or deny the requested transfer.
- (iii) OMDT will send all approvals or denials for transfer via SENTRY to the referring facility.

(e) **Routine Transfers.** A routine transfer is initiated for medical, surgical, or psychiatric treatment that is not an emergency and time in route is not a major factor.

- (i) SENTRY Form 204 is sent directly to the Medical Designator.
- (ii) The Medical Designator will review each routine transfer and approve or deny the requested transfer.
- (iii) The OMDT will send all approvals or denials for transfer via SENTRY to the referring facility.
- (iv) The inmate may travel by any means and time in route is not critical to the inmate's well being.

(5) Types of Transportation Used to Effect a Medical Transfer

- (a) Air Ambulance.
- (b) Air Charter.
- (c) Ground Ambulance.
- (d) Institution Vehicle.
- (e) Commercial Air.
- (f) Bureau bus.
- (g) Bureau/Marshal's airlift.

(6) Modes of Transportation vs. Types of Medical Referrals

- (a) **Routine.** May travel by any available means.
- (b) **Routine Urgent.** Travel needs to be completed within 14-days. Travel is most often done by air charter.

(c) **Emergency.** The sending institution submits emergency referrals to a referral center for acceptance. Once accepted by the referral center, the Medical Designator will authorize transportation. OMDT, in consultation with the attending physician and/or medical staff at the receiving institution, shall determine the most appropriate mode of transportation.

(d) **Air Ambulance.** The attending physician must certify the patient is stable before transfer. Air Ambulances are often staffed by a Flight Nurse or Physician. Bureau medical staff are normally not required on these flight except to provide escort coverage only.

(e) **Air Charter - Institution Vehicle.** The attending physician must certify the patient is stable before transfer. A medical staff member (Physician's Assistant) will accompany the patient to the receiving institution.

(f) **Commercial Air.** Commercial air transportation is used most often for patients who have community/minimum security. The institution Warden or designee will determine escort coverage. The attending physician must certify the patient is stable before transfer.

(g) **Ground Ambulance.** Ground ambulances may be used to transfer patients who are in close proximity to a medical referral center, e.g., USP Leavenworth to MCFP Springfield. Emergency care while in route is normally provided by the ambulance para-medics/EMT's. The attending physician must certify the patient is stable before transfer.

(h) **Bureau/USM Airlift.** The Flight Nurse has the authority to exclude any patient from the flight based on:

- (i) Information presented in the transfer packet.
- (ii) Evaluation of the current condition of the patient prior to boarding.
- (iii) Medical information provided on the BP-S149.
- (iv) Patient not medicated prior to transfer.
- (v) Patients who do not have a 5-7 day supply of medication.

(7) Guidelines for Bureau/USM Airlift. Inmates with the following health related problems that should not be transported on the Bureau/USM Airlift:

- (a) Cardiac conditions.
- (b) Chronic obstructive pulmonary disease.

(c) Pregnancy in the third trimester and those with a history of spontaneous abortion: exception (authorization by an obstetrician allowing air travel, given within 72 hours of departure, and direct transport without any holdover stops.)

(d) Acute psychosis.

(e) Symptomatic Sickle Cell trait or previous history of attacks with air transportation.

(f) Patients who require respiratory equipment, including oxygen.

(g) Patients who have a history of myocardial infarction with restricted ambulation and/or suffers from angina with slight or moderate exertion.

(h) Any patient who is unable to walk.

(i) Any dental appliance or dental wear preventing the mouth from opening.

(8) Air Charter Guidelines for Referring Institutions

(a) Transportation Authorization is received from OMDT.

(b) HSA of the sending institution shall contact the HSA at the receiving institution to coordinate the transfer.

(c) It is the responsibility of the sending institution to make charter arrangements for the airplane.

(d) The sending institution is responsible for escorting personnel, medical supplies and equipment for use enroute. This will include at least one member of the clinical staff and the necessary correctional officers.

(e) In order to transport a patient by medical airlift, the patient must be in stable condition and the attending physician must certify on the health record of transfer form BP-S149 that the patient is suitable for movement by medical airlift.

(f) It is the accompanying staff's responsibility to escort the patient from the airport to the receiving institution.

(g) The CEO/HSA from the sending institution may be asked to route the aircraft via another institution traveling to or from the receiving institution. This is for the purpose of cost containment.

(9) Information Required by the Receiving HSA

- (a) Name and registration number of patient(s).
- (b) Diagnosis.
- (c) Expected time of arrival.
- (d) Ground transportation requirements (Important).
- (e) Names of escorting staff.
- (f) Type of aircraft.
- (g) Registration number.
- (h) From whom leased.
- (i) Color of Aircraft.
- (j) Cost.
- (k) Are motel reservations are required?
- (l) Number of inmates that can be returned by aircraft.

All transportation costs associated with the transfer must be reported to OMDT. This includes the cost of the aircraft and staff overtime.

Section 2. Medical Evaluation for Transfer to Contract Community Correctional Center Type Facility, State Institution, or Other Non-Federal Prison System Facility

Health Services staff shall perform an interview or physical examination on inmates transferring to contract facilities (halfway houses) and other (e.g., State) institutions. Historically, BP-S351's were sent to camps, as camps did not have medical resources. Now that they have medical resources, the BP-S351 is no longer considered essential and is not recommended for use in transferring inmates to camps. Since the CCC and other contract facilities are not budgeted or staffed to handle cases requiring prolonged care, thorough medical clearance prior to transfer is necessary. The completed BP-S351 is the institution medical staff's recommendation that the individual is suitable for a contract CCC-type facility, State institution, or other non-Bureau facility. The medical recommendation is not, however, the final basis for a transfer; that is up to the CEO or designee.

Each HSU shall use the BP-S351 prior to transfer to contract facilities, State institutions, or other non-Bureau facilities, as follows:

- a. The form shall be initiated by the appropriate case manager in a timely manner.
- b. All medical/dental questions on the form shall be responded to by the staff member reviewing the health record and completing the interview or physical examination.
- c. The form shall be a triplicate NCR (no carbon required) form completed by the HSU; the original and first copy are returned to the case manager and the second copy is retained in the health record. Case Managers shall forward the completed original to the CPM.

For a copy of the BP-S351, refer to BOPDOCS BP-S351.060. Information on the BP-S351 shall be written so that a non-medical person will be able to understand the diagnosis and administration of medication.

If an inmate is being released from custody or is being transferred to a contract facility, and the inmate has submitted a claim for compensation for an institution work-related injury, medical staff shall perform an evaluation on the inmate and complete page 2 of Federal Prison Industries Form 43. The completed form shall be returned to the institution Safety Manager for processing.

Section 3. Medical Care of Inmates in Community Correctional Centers

Inmates being transferred to a contract CCC shall be provided with a 30-day supply of medication as prescribed at the sending institution (see Chapter VIII).

If the attending physician requests that the inmate be hospitalized for continued care, the decision to admit the inmate to the hospital or return him/her to an institution must have the approval of the RHSA through the CCM.

Emergency admission to a local hospital or other unusual circumstances shall be reported to the RHSA through the CCM on the next working day.

Inmates who are direct commitments to a contract CCC shall receive an entrance medical appraisal within seven days. The examination should be a general office physical (comparable to an "insurance-type" physical) and may not require hospitalization. The results shall be appropriately documented. Routine laboratory studies (CBC, urinalysis, infectious disease screening, and serological tests for syphilis) shall be included.

For other than the initial commitment examination, inmates shall be responsible for costs of their medical care.

Section 4. Prisoner Transportation

a. Medical Airlift. The use of nonscheduled air transportation for transfer of patients shall be limited to cases who cannot be transferred by other means. The Medical Designator and the following institutions are the only authorized approvals for expenditures from the central airlift fund: MCFP Springfield, FMC Rochester, FCI Butner, FMC Ft. Worth, FMC Lexington, and FMC Carswell.

Once the patient is authorized by the Medical Designator for transfer to one of these facilities, the HSA of the sending institution shall contact the HSA at the receiving institution to coordinate the transfer. After approval for the airlift has been granted, the sending institution shall make charter arrangements and provide escorting personnel, medical supplies, and equipment

for use enroute, including at least one member of the clinical staff and the necessary correctional officers, as determined by the sending institution. Emergency transfers after hours and weekends shall be Warden-to-Warden transfers; the Medical Designator shall be notified the next working day.

To transport a patient by airlift, the patient must be in a stable condition and the attending physician must certify on the health record and transfer Form BP-S351.060 that the patient is suitable for airlift. An acutely ill patient may not be transferred by airlift unless for emergency purposes, in which case an air ambulance must be used.

It is sometimes more feasible to transport patients via commercial airline. Travel expenses are chargeable to the medical airlift fund.

For continuity of care, the accompanying institution shall escort the patient from the airport to the receiving institution and consult with the receiving staff to ensure the exchange of necessary medical information.

The HSA from the sending institution may be asked to route the aircraft via another institution to promote more efficient use of the aircraft and reduce costs.

The receiving HSA shall require:

- (1) Name and registration number of patient(s).
- (2) Diagnosis.
- (3) Expected time of arrival of aircraft.
- (4) Ground transportation requirements.
- (5) Names of escorting staff.
- (6) Type of aircraft.
- (7) Registration number.
- (8) From whom leased.
- (9) Color of aircraft.
- (10) Cost.
- (11) If motel reservations are required.
- (12) Number of inmates who can be returned by aircraft.

The originating HSA shall coordinate with the Business Office to ensure fiscal requirements are met. Appropriate obligating documents shall be prepared by financial management staff at the originating facility. Obligations shall be established either through issuance of a Government Transportation Request (GTR) or American Express account. The original GTR shall be surrendered to the carrier by escorting staff. Obligation copies with appropriate 19-digit accounting code and prices shall be immediately forwarded to the Controller at the receiving institution. A copy of the Charter Air Agreement or Tenure of Service shall accompany the obligation copy when applicable.

When arrangements for the flight are made with the carrier, it shall be determined if the carrier has available "Public Voucher for Transportation Charges" SF-113 and 113A (copy), which must be submitted by the carrier to the receiving institution with the original GTR before payment can be processed. If the carrier requests, the standard forms shall be tendered with the original GTR at departure by escorting staff. This will help ensure prompt processing of payments.

b. U.S. Marshals Airlift. Inmates transported by U.S. Marshals Airlift shall have pertinent health records transported with them. Some may require ambulatory devices - wheelchairs, crutches, etc. - which must accompany the inmate. Inmates who must be physically carried aboard the aircraft are not appropriate for transfer by U.S. Marshals Airlift. Inmates requiring assistance in boarding and debarking aircraft may not be excluded from routine prisoner transportation (refer to Chapter X, Section 12 for proper disposition of x-rays).

c. Bureau Transportation. Inmates who are transported via Bureau transportation shall have pertinent health records, including x-rays, transported with them.

Section 5. Federal Prisoners In Transit

No inmate may be transferred from Bureau institution to another Bureau institution unless TB screening is completed (see Chapter VI, Section 5). The Medical Record of Prisoners in Transit Form (refer to BP-S149.060 on BOPDOCS), as well as all applicable documents described in that form, must accompany all prisoners in transit regardless of physical or mental condition or reason for transfer. For transfer of x-rays, see Chapter X, Section 12.

a. BP-S149. The HSA shall be responsible for the completeness of the BP-S149s and ensure that each item is addressed in detail. A member of the clinical staff shall sign it. In addition to general instructions, the following specific details apply to all cases:

Transporting officials will not accept any inmate for transfer unless the TB clearance box (upper left hand corner of the BP-S149) is completed.

All patient medications are listed and instructions for use are written in laymans terms including the dosage, frequency and route of administration. Abbreviations shall not be used when completing these instructions on the BP-S149. Instructions shall include an expiration date, or in the case of a chronic medication such as insulin, directions shall clearly state that the medication is to be given indefinitely.

The Special Instruction Section shall clearly indicate any special instructions regarding the patient, including suicide precautions, special psychiatric conditions, special medical care

procedures to be rendered enroute, the criticality of certain medications, and any information necessary for the transporting official to provide proper care.

For HIV-positive inmates being transferred to other jurisdictions, e.g., State or county facility, the HSA shall inform case management staff to notify the receiving jurisdiction via letter similar to the notification sent to the United States Probation Officer (USPO) and Community Corrections Manager (CCM) indicating HIV-positive status.

No Federal prisoner in transit shall leave a Bureau institution without a BP-S149, regardless of the duration of stay in holdover status while enroute from court to another institution. The HSA of the institution that first houses this prisoner is responsible for preparing the BP-S149.

Each institution that houses the prisoner in transit, and the final destination institution, shall make an appropriate entry on the BP-S149. This entry may be as brief as to state only that the inmate was seen in Receiving and Discharge and had no complaints. Any person dispensing or ordering continuing or new medications or treatments shall so indicate on the form.

b. Procedures for Lost BP-S149

(1) If the BP-S149 is lost while a prisoner is in transit, the first institution that subsequently receives the prisoner will make a duplicate from the copy contained in the health record. This form will be clearly marked as a duplicate, stating why it is prepared and the date.

(2) If the health record is also unavailable, the HSA will contact the transferring institution to obtain the necessary information, or telefax, from their file copy of the BP-S149, and prepare a duplicate marked as noted above.

(3) If none of these sources are available, the HSA of the institution currently housing the prisoner shall prepare a new BP-S149, appropriately marked as a secondary document, using any source of information available (interview of prisoner, etc.).

The HSA of the receiving institution shall notify his/her RHSA in writing of any breach of the above policy, including failure of the initial or transferring institution to complete the BP-S149.

c. Treatment in Transit. The following procedures apply should a prisoner in transit, upon arrival at a Bureau institution, require treatment prior to continuing travel:

(1) The CD (or HSA, in his/her absence) shall notify the ISM by telephone, confirmed by written memo, that the inmate may not be moved pending clearance from the attending physician. The HSA shall attach a copy of this memo to the BP-S149.

(2) Upon resolution of the medical problem and medical clearance for transfer, the CD shall notify the ISM by written memo that the inmate is cleared. The HSA shall attach a copy of this memo to the BP-S149.

d. Inmate Health Record. As noted in Chapter V, Section 13, the health record of inmates on writ shall remain at the parent institution. The health record, including all consultation and laboratory forms of an inmate transferring to another Bureau institution, shall accompany the inmate during the transfer.

Generally, the record does not accompany the inmate during medical town trips. However, consultants may request to review the health record in lieu of copying it. Then, it is permissible to provide the consultant staff with the original record. Escorting staff must maintain custody of the record and ensure inmates do not have access to it. After the town trip is completed, escorting staff must return the record to the institution. Under no circumstances shall inmates be given their original health record.

For inmates who arrive at designated facilities without their record or with portions missing, the receiving institution shall do the following:

(1) The HSA at the receiving institution shall ensure that a PP37 SENTRY transaction is performed to determine each facility where the inmate was in a holdover status. A SENTRY EMS (memorandum) shall be sent to each HSA at the holdover facilities and to the originating facility, stating the inmate arrived without a record or portions of it. A copy of the EMS shall also be routed to the Office of Medical Designations and Transportation (OMDT) via SENTRY mailbox "BOP MED DESIG."

(2) The originating and holdover institutions shall search their files for the missing records; this includes checking with the institution ISM. If the records cannot be located, an EMS to the institution currently housing the inmate will be required with a copy of the EMS routed to OMDT. NEGATIVE reports are required. Records that are located shall be reported via EMS to the originating HSA and to OMDT. The records shall be sent by Express Mail to the institution housing the inmate.

Section 6. Notification of Outside Health Care

HSAs shall ensure that all non-emergency admissions to outside health care facilities are cleared with the RHSA before referral is made. Notifications of emergency referrals are to be made as soon as possible after admission. SENTRY Form EMS 213 is to be used for these notifications. MRCs are exempt from this notification.

Section 7. Outside Medical Costs

Procedures to control outside medical costs are as follows:

a. Overtime for security for inmates can only be charged to the outside medical cost center (B25) when an inmate is actually released from the institution. The inmate must be released for a visit to a medical consultant or a hospital visit under the SENTRY ARS category of "Local Hosp", or be released or transferred to a Medical Referral Center. This is necessary for all cases in which the inmate is released from the facility even though it may only be for only a few hours. Institutions will no longer carry these temporary releases in outcount status. Overtime should only be utilized when all other scheduling alternatives have been exhausted.

The correctional officer(s) receiving the overtime must be outside of the institution providing security for an inmate while the inmate is transferred from the institution to the consultant or hospital, while at the consultant or hospital, or while being transported back to the institution. An officer may be allowed two hours of outside medical overtime for preparation for the detail. Medical overtime cannot be charged for security provided within the institution, with the following exception:

(1) An individual on-duty and assigned to an inside post is the only available qualified person for the outside escort, and that individual must be replaced. In that event, overtime may be given to the individual assigned to replace the individual on the inside post but not to the individual conducting the outside escort.

b. When medical overtime is credited to staff, a copy of SENTRY report PP37, indicating the inmate and the time the inmate was in the release status of "Local Hosp" or "transfer" to a Medical Referral Center, shall be attached to the Time and Attendance sheet.

INSTRUCTIONS FOR USE OF SENTRY FORM 204

DATE: The date SENTRY Form 204 was filled out.

TO: To whom the referral request will be sent. (i.e., HSA, CD, Warden, include name and title). For routine or routine-urgent it may be addressed to Medical Designator.

FROM: Name of institution Chief Executive Officer.

INSTITUTION: The Bureau institution requesting the referral.

DATE APPROVED BY THE WARDEN: Date the request was approved by the Warden at the referring institution. This date shall appear on all requests for redesignation.

PREPARED BY: Name of the physician or psychologist who prepared the referral request.

TELEPHONE/BEEPER NUMBER: The telephone number and beeper number of the referring physician or psychologist.

DATE REVIEWED BY CLINICAL DIRECTOR: Date the request was reviewed by the Clinical Director, and the Health Services Administrator's name and telephone number.

REFERRAL TYPE: Medical staff at the referring institution shall determine the referral type as follows:

(a) Routine. No restrictions for mode or time of transportation.

(b) Routine-Urgent. Restrictions for mode of travel or time involved with transportation, i.e., condition of the patient is not considered emergent, but should not be transported by routine transport such as Bureau airlift or bus. Travel should be within two weeks and/or condition warrants direct travel.

(c) EMERGENCY. Time and mode of travel is critical - patient will usually require air charter or air ambulance.

PRINCIPAL REASON FOR REFERRAL: Indicate the principal reason for requesting the referral and why treatment cannot be provided at the local level or within the community.

TRANSFER DIAGNOSIS: List all clinically significant diagnoses in order of severity for both medical and psychiatric conditions in the appropriate space provided.

BRACKET THE CORRECT RESPONSE: Bracket all appropriate responses to the questions, i.e., (Y) - (N) or (U) Unknown.

NARRATIVE SUMMARY: Use this space to provide a concise description narrative defining: condition of the patient, age, weight, estimated duration of treatment, latest pertinent laboratory results, diagnostic procedures required, test results completed, current medications, symptoms and duration, and proposed treatment goals.

PSYCHIATRIC ISSUES: Bracket all appropriate responses to the psychiatric issues, i.e., (Y) or (N).

MEDICAL ISSUES: Check each condition with an "X" as applicable.

TUBERCULIN TEST RESULT: Check either "Negative" or "Positive," and date of most recent tuberculin test.

ISOLATION REQUIREMENTS: Check either "Yes" or "No." If yes, for what disease and what isolation requirements are required.

OTHER SPECIAL CONSIDERATIONS: Specifically, comment on acts of violence or suicidal behavior.

COST OF TREATMENT IN THE COMMUNITY: Obtain the best estimate of cost for treatment in the community. Include the cost of custodial staff and provide a total. Do not list COST PROHIBITIVE as being the reason care cannot be provided in the community.

SERIOUS ILLNESS STATUS: If the patient is seriously ill, the institution shall notify the next of kin prior to transfer.

CONSENT FOR TREATMENT: Indicate "Yes" or "NO" as to whether the patient has consented to treatment. If no, explain in the space provided.

PSYCHIATRIC CLASSIFICATIONS: Please review classification instructions for definitions. More than one category may be assigned.

CATEGORY A: Court Ordered Forensic Evaluations.

1. Pretrial (4241, 4241(d), 4242)
2. Dangerousness (4243, 4245, 4246)
3. Pre-Sentencing (3552, 4205, 4244)
4. Other Specified Court Ordered Evaluations

Characteristics: Evaluation and/or treatment ordered by the Federal Courts.

Length of Stay: As identified by the Court with a range of less than 30 days to indefinite.

Resources: Inpatient psychiatric access to full range of evaluation and treatment techniques, personnel, and ongoing capacity for peer review.

CATEGORY B: Emergency Psychiatric Care.

Characteristics: Acutely and severely mentally ill, suicidal, homicidal secondary to mental illness, acutely and severely decompensated patient with chronic mental illness, unable to be managed in holdover status, or at a line institution for more than a brief period of time.

Length of Stay: Variable.

Resources: Inpatient psychiatric facility with capacity for direct observation, daily physician contact, and 24-hour nursing service.

CATEGORY C: Diagnostic/Short Term Treatment.

Characteristics: In need of initial or further psychiatric diagnostic evaluation and/or treatment as identified by the Court or institution staff.

Length of Stay: Initial length of stay of up to four months; if patient is in active treatment, length of stay may be extended in four month intervals up to one year.

Resources: Inpatient psychiatric facility with a full range of diagnostic and treatment modalities.

CATEGORY D: Long Term Care.

Characteristics: Under medication and/or psychotherapy or other psychiatric treatment, and/or cannot be managed in general population.

Length of Stay: Expected to be greater than one year.

Resources: Full range of treatment modalities, capacity to monitor, structured setting, and ability to intervene on short notice if patient decompensates.

CATEGORY E: Follow-up/Maintenance Level Care/Counseling.

Characteristics: Stable on medication, unlikely to rapidly decompensate, evaluation and treatment completed, and uncomplicated adjustment problems.

Length of Stay: N/A, requires intermittent or regular but infrequent assessment by mental health professionals.

Resources: Institutional setting with full-time psychology staff and access to contract consultant psychiatric services.

MODE OF TRANSPORTATION: The mode of transportation is dictated by the patient's condition and his/her ability to be moved by regular transportation versus a more direct method. Particular attention should be paid to the level of medical care the patient requires enroute to the referral center.

ESCORT STAFF REQUIRED: Identify any special considerations that might impact on the number and type of escort staff required while in flight and/or during ground transfer such as escape risk or attack.

(a) Indicate the proposed number and type of in-flight escort staff (i.e., two correctional officers and a lieutenant) appropriate for the circumstances and patient custody requirements. Please bear in mind that emergent patients requiring special flight arrangements may be restrained in stretchers or otherwise immobilized during the flight. Therefore, while actually in flight, emergent patients are likely not to require extensive correctional escort.

(b) Similarly, indicate the proposed number and type of escort staff required for ground transfer portion of the referral.

SECURITY/CASE MANAGEMENT INFORMATION: All information is needed to make an informed decision as to the location where the treatment may best be accomplished. This also provides information to the receiving institution of any correctional or case management problems they may encounter. If the patient is a CIMS case, please state the type. Parole status and tentative release date shall be documented.

GENERAL ROUTING: Route all emergency requests via SENTRY to the referral center and to the Office of Medical Designations and Transportation, SENTRY MAIL-ID BOP MED DESIG. All routine and routine-urgent requests are to be sent to SENTRY MAIL-ID BOP MED DESIG.

CHAPTER VIII: PHARMACY SERVICES

Section 1. Staffing

Each institution shall maintain a pharmacy directed by a professionally and legally qualified pharmacist and staffed by a sufficient number of trained personnel, in keeping with the size and scope of the institution. Required characteristics include:

a. The pharmacy department shall be directed by a pharmacist (Chief Pharmacist) who shall be appropriately licensed and reports directly to the HSA.

b. The Chief Pharmacist shall be a graduate of a college of pharmacy accredited by the American Council on Pharmaceutical Education.

c. The Chief Pharmacist shall be responsible for all aspects of pharmacy service, including procurement, storage, distribution, product selection, and security. The Chief Pharmacist has authority delegated through the HSA.

d. The Chief Pharmacist or designee shall conduct at least monthly inspections of all areas where medications are dispensed, administered, or stored. A record of monthly inspections shall be maintained by the Chief Pharmacist.

e. If the institution does not have a pharmacist on staff, the services of a contract pharmacist or a contract with a pharmacy in the community shall be obtained.

f. Non-professional pharmacy personnel (i.e., pharmacy technicians) shall work under the supervision of a licensed pharmacist so that the supervising pharmacist is fully aware of all activities involved in preparing and dispensing medications, including maintaining appropriate records. The duties and responsibilities of nonpharmacist personnel shall be consistent with their training and experience.

Section 2. Minimum Standards

Each institution shall provide space, equipment, and supplies for the professional and administrative functions of the pharmacy to promote patient safety through the proper storage, preparation, dispensing, and administration of drugs.

a. The Chief Pharmacist shall maintain up-to-date reference materials, specifically:

(1) Facts and Comparisons and/or American Hospital Formulary Service.

(2) Goodman/Gilman's.

(3) Drug Interactions.

b. Equipment in the pharmacy shall include at least:

- (1) Adequate computer equipment.
- (2) A refrigerator suitable for storing biologicals.
- (3) Adequate lighting and ventilation.
- (4) A sink with running water.
- (5) Temperature control that meets compendia/FDA standards (after 48 hours outside those standards medications are considered distressed and must be discarded).

c. Key Control. The only staff who ordinarily have keys to the pharmacy shall be the pharmacy staff (pharmacists and pharmacy technicians) and the duty mid-level practitioner. The key ring for the duty mid-level practitioner shall have a key to the pharmacy, but not to the pharmacy storeroom.

The only staff who shall have access to the main stock of controlled substances shall be the Chief Pharmacist or designee.

The only staff who shall have access to the substock of controlled substances is the staff member signing the "substock inventory certification sheet" for each shift. Procedures for substock shift inventory may vary between institutions; each institution shall develop local procedures.

Section 3. Written Procedures and Operational Practices

The Chief Pharmacist shall develop and maintain written procedures and operational practices that pertain to pharmaceutical services, in concert with the medical staff and, as appropriate, with representatives of other disciplines. These include at least:

a. The CD shall establish a pharmacy and therapeutics committee that shall meet at least quarterly; a copy of the minutes shall be sent to the Chief Pharmacist of the Bureau of Prisons in a timely fashion (the pharmacy and therapeutics committee meeting can be held in conjunction with Health Services staff meetings).

b. Each institution shall use the Bureau National Drug Formulary. The National Formulary was developed by the National Hospital Drug Formulary Committee. The committee will meet on a regular and continuing basis to update the formulary.

The National Formulary is printed separately as part of the Pharmacy Technical Reference Manual, or PTRM.

Authorization for use of items not in the formulary may be requested from the Medical Director through the Chief Pharmacist. The form "NON-FORMULARY DRUG AUTHORIZATION" at the back of the

formulary can be copied. It is to be completed and sent to the Medical Director for each medication order requesting a non-formulary item. The information needed for the form may also be sent via EMS to the Medical Director. Emergency requests may be made by phone. Response to these requests will be most expeditious, via EMS or other means.

For any inmate transferred from another institution who was approved to receive a non-formulary medication, a copy of the approval contained in Section 6 of the patient's health record will be retained in the pharmacy. A copy of the non-formulary request shall be mailed to the Chief Pharmacist for recordkeeping. A new non-formulary request is not necessary.

The form "REQUEST FOR ADDITION TO FORMULARY" can also be copied. It is to be completed to ask that a drug item be added to the National Formulary. Direct this form to the Chief Pharmacist. All requests will be reviewed by the National Pharmacy and Therapeutics Committee. **Please note that in the future, ONLY items that are requested on this form will be considered for addition to the formulary.** Recommendations for deletions, restrictions, etc., should also be submitted on this form.

Updates to the National Formulary will be published on a regular basis following committee review.

Please direct comments, questions, and suggestions to the Chief Pharmacist of the Federal Bureau of Prisons.

Unless indicated as a non-substitutable product, proprietary (brand) names are as examples for identification purposes only.

c. Pharmacy personnel shall participate in relevant education programs, including orientation of new employees and in-service and outside continuing education. Documentation of participation shall be maintained by the institution Chief Pharmacist.

d. The institution Chief Pharmacist shall ensure there are written procedures for patient safety and for the control, accountability, and distribution of drugs. These procedures shall be reviewed annually and revised as necessary:

(1) All drugs shall be labeled adequately, including the addition of accessory or cautionary statements, as well as the expiration date, if appropriate.

(2) Discontinued and outdated drugs and containers with worn, illegible, or missing labels shall be returned to the pharmacy for proper disposition.

(3) Urgent care drugs, as approved by the medical staff, shall be maintained in adequate supply in the pharmacy and in designated areas. The institution Chief Pharmacist is responsible for all medications located in the urgent care medication carts and kits, and for the inspection procedures to

be used. Approved controlled substances may be maintained on urgent care crash carts and shall be inventoried by pharmacy staff whenever the urgent care cart seal is broken, or at least once a month.

e. Each prescription shall be prospectively reviewed by a pharmacist for drug/drug interactions, drug/disease interactions, therapeutic duplications, allergies, therapeutic appropriateness, and appropriate dose, route, and duration of therapy - before the prescription is filled.

A practitioner with "independent status" must check each prescription before it is dispensed to the patient. This means that a final check of the prescription shall be done by a pharmacist or physician. MLPs, med techs, and pharmacy technicians do not have independent status. Any prescriptions which they have prepared to be dispensed to an inmate must be reviewed by a pharmacist or physician. The medication will then be distributed to the inmate. Except in emergency situations, such as those occurring after normal duty hours when inmates leave before an independent practitioner comes back on duty, the MLP may dispense this order. However, the pharmacist shall review this activity the following workday.

All MLPs, med techs, and pharmacy technicians must have documentation in their personnel file that they have completed the Pharmacy Services Training Program, **before** beginning work in the pharmacy (refer to TRM 011.01). This training program documents the competency of MLPs and technicians. After completing this training program, these providers can **administer** doses of medication, but they still cannot **dispense** prescriptions without being checked by a pharmacist or physician.

(1) During evenings and weekends: In order to satisfy these requirements, each institution will utilize a "drug administration cabinet." This may be as sophisticated as a Pyxis Medstation, a Meditrol, or a Documed Station, or as simple as a locked, metal cabinet in the urgent care room, or a designated area in the pharmacy. This cabinet shall contain about 30 drugs that are commonly used after hours in the facility. These 30 drugs shall be in single dose or single day packages that are pre-labeled with standard directions and the name and strength of the drug.

When the after-hours MLP wants to give an inmate a drug, he/she shall access the drug administration cabinet, remove a pre-packaged dose, write the inmate's name and number, the date, the providers name, and the expiration date on the package, and distribute it to the inmate. A prescription shall be left in the pharmacy for the inmate. Additionally, there shall be a log book in the pharmacy to record drugs and doses that are distributed from the cabinet. The log book shall contain: date, time, inmate name, register number, drug, amount dispensed, and provider's signature. The next working day, the pharmacist will enter the order into the pharmacy computer, prospectively review

the order, fill the order for the amount written less the dose(s) distributed by the MLP, provide a "final check" of the prescription, and dispense the filled order to the inmate.

The privileging statement for MLPs shall specifically state that they are privileged to access the drug administration cabinet and pill line stock. They shall not be privileged to have access to bulk stock packages that would permit them to actually dispense a prescription, except in an emergency. Many Bureau facilities cannot restructure Health Services to the extent that a drug closet or pill line room is available. Even though the MLP is using the drug administration cabinet located in the pharmacy, the privileging statement shall restrict their access.

(2) During periods when the pharmacist is in training or on annual leave, there are three options:

(a) Obtain the services of a contract pharmacist from the community temporarily to provide pharmacy services in the institution.

(b) Assign a contract or full-time pharmacy technician, or a MLP to prepare medications for the "final check". At this point, a staff physician shall check the prescriptions and sign off on the work. The prescriptions can then be distributed to the inmates.

(c) Obtain the services of a second pharmacist for larger facilities - particularly those with a satellite camp or FDC. In this situation, pharmacy hours of operation could be extended, vacations, training, and sick leave covered, and quality services can be maintained.

Section 4. DEA Controlled Substances

a. Applicability of Federal Law. Drug Enforcement Administration (DEA) controlled substances are drugs and drug products under jurisdiction of the Controlled Substances Act of 1970 and are divided into five schedules (I, II, III, IV, and V). Nothing in this chapter shall be construed as authorizing or permitting any person to engage in any act that is not authorized or permitted under existing Federal laws, or that does not meet regulations published in the most recent edition of Title 21, Chapter II, of the Code of Federal Regulations (21 CFR, Part 1300 to end).

Application procedures for a new or renewed registration number under the Controlled Substances Act:

(1) To obtain an initial DEA registration number, each Chief Pharmacist shall complete and forward Form DEA-224, "New Application for Registration," to the Medical Director for certification. For biennial renewal, Form DEA-224a shall be sent to the Central Office, Attn: Medical Director, for certification (there is no cost for registration).

(2) "Registration Classification" on Form DEA-224 shall be checked as "hospital/clinic." There shall be only one official registration number for each Bureau institution.

(3) The DEA registration number shall be used only for official Federal business.

(4) The Medical Director shall forward the certified form to the DEA, which will send the new or renewed registration number to the institution.

(5) The Chief Pharmacist shall complete and submit these forms. At institutions without a pharmacist on staff, the HSA shall retain this responsibility.

b. Responsibility. The Chief Pharmacist shall be the responsible authority for all DEA controlled substances. The main stock shall be kept locked and stored in a vault or safe to which only the Chief Pharmacist or designee have the combination or keys. The HSA shall ensure that a duplicate set of keys or combinations of all vaults and safes in the HSU shall be sealed in separate envelopes, plainly marked with contents, and filed in the Warden's or security officer's vault or safe. No inventories, inspections, searches, or shakedowns of the storeroom, or of vaults or safes, shall occur except in the presence of the Chief Pharmacist or designee. The Chief Pharmacist shall ensure that all combinations or locks to main stock vaults or safes storing DEA controlled substances are changed:

(1) Routinely at 12-month intervals.

(2) At transfer, reassignment, or termination of applicable HSU administrative or pharmacy personnel.

(3) When unusual circumstances dictate increased internal control measures.

c. Purchasing/Receiving. Purchase orders for controlled substances shall be prepared by a designated employee without the knowledge or assistance of inmates.

Controlled substances shall be stocked in single-dose packaging when available. The Chief Pharmacist shall establish a proper system of security for their receipt.

d. Records. The facility shall maintain adequate main stock records for each controlled substance. Headings shall indicate: substock unit, date, record number/P.O. number, quantity received, quantity issued to substock, and balance on hand.

Substock records address the administration of medication in medical/nursing units, or on pill line. Substock shall have records maintained for proof of use for each controlled substance on hand. Each proof of use sheet shall contain: name and strength of drug, date issued, amount issued, pharmacy control

number, department location, date and amount returned, date and time of administration, name and number of inmate, dosage administered, corresponding order number, legible signature of person administering, and balance on hand. When all medication issued on a proof of use sheet has been administered, the completed sheet shall be returned to the pharmacy, and kept with controlled substances records. The staff member in charge of the sheet during the shift when the last dose was administered shall return it.

At the start of each shift, staff shall conduct a complete substock inventory in accordance with local procedures. If the inventory is not correct, staff shall immediately attempt to resolve the differences. If not resolved, the Chief Pharmacist or designee shall be notified, and shall notify the HSA.

For institutions utilizing the "Pyxis Med Station", or similar system, sub-stock inventory reports shall be generated once daily by the pharmacist. These reports shall contain all information required on the Bureau substock inventory report and proof of use sheet, but will be in computer print-out format. The Pyxis reports shall be filed with the controlled substance main stock records, after being reviewed and signed by the Chief Pharmacist. The most recent Pyxis substock inventory report will be available in the pharmacy in a notebook stored near the substock safe or in the main pharmacy.

The change of shift record (substock inventory certification sheet) shall be turned in by the person completing the form, when complete, to the pharmacy for review by the pharmacist and retention for 2 years prior to the last Federally mandated inventory. The change of shift record shall include: date and time of count, signature of offgoing and oncoming staff, and exact quantity of all controlled substances on hand in that substock at that time.

All inventories and listings in the controlled substance records shall be exact - tablets, capsules, vials, etc. - not in units of bottles or other bulk measurements.

When a newly assigned Chief Pharmacist arrives at an institution, he/she and the HSA shall complete an immediate inventory of controlled substances, perpetual inventory, purchase orders, Federal order forms, receivers, and invoices.

Controlled substances in substocks are to be used for administration only. Any dispensing of controlled substances shall be accomplished through main stock.

e. Security. The DEA, per the Code of Federal Regulations (21 CFR, Part 1301.72), requires safeguarding and accounting for all controlled substances. Main stock controlled substances shall be stored in a vault or safe. Substock controlled substances shall be stored in a stationary, approved steel cabinet with separately key-locked overlapping steel doors or a safe with a keyed padlock.

f. Biennial Inventory. The Controlled Substances Act requires each registrant to make a complete and accurate record of all stocks of controlled substances on hand every two years. The Chief Pharmacist shall complete the biennial inventory on the date mandated by Federal law (May 1 of odd-numbered years for institutions registered before May 1, 1971; for institutions registered after May 1, 1971, every two years on the date of initial inventory). The actual taking of the inventory shall not vary more than four days from the biennial inventory date. The inventory shall be maintained by the Chief Pharmacist with the controlled substances records. The inventory record must:

(1) List the name, address, and DEA registration number of the registrant.

(2) Indicate the date and time the inventory is taken (i.e., opening or close of business).

(3) Be signed by the person or persons responsible for taking the inventory.

(4) Be maintained at the location appearing on the registration certificate for at least 2 years prior to the last Federally mandated inventory.

(5) List the name of each controlled substance.

(6) List the dosage form and unit strength of each controlled substance.

(7) List the number of units in each container of each controlled substance.

(8) List the number of each container of each controlled substance.

g. Additional Auditing Requirements. Corrected or amended orders may not be processed for controlled substances.

Any recordkeeping error shall be corrected by the person who made the error by drawing one line through the error, writing an explanation directly below, and initialing. Errors may not be "blacked out."

Any incident of theft or loss must be documented by the individual discovering it. A copy of the documentation shall be sent to the Chief Pharmacist for review and filing. The Chief Pharmacist shall in turn send a memo to the HSA, with a copy to the Warden. The Warden shall notify the DEA via DEA Form 106.

In accordance with 21 CFR 1301.76(b), the DEA Form 106 must contain:

- (1) The name and address of the facility.
- (2) The DEA Registration Number.
- (3) The date of the theft.
- (4) The fact that the local police department was notified.
- (5) The type of theft.
- (6) A list of the symbols or cost code (if any) used by the facility.
- (7) A list of the controlled substance missing.

The report is made in triplicate. The pharmacy keeps the original, and forwards the other two to the Regional DEA Office.

The HSA shall designate in writing a member of the Health Services staff as Chairperson of the Quarterly Controlled Substances Inventory Team. This team shall also include the AHSA or SMLP. The Chief Pharmacist shall be a technical advisor and shall be present during the inventory, but may not be a member of the team. The team shall conduct a quarterly inventory of all bulk stock controlled substances. This inventory shall be recorded on the PHS 1604 form and maintained with the controlled substances records and copies submitted to the Chief Pharmacist.

h. Disposal. The Chief Pharmacist or designee shall dispose of controlled substances when necessary, in the manner prescribed by the DEA in 21 CFR 1307.21.

This disposal shall be accomplished in one of three methods:

(1) Request from the Special Agent in Charge at the Regional DEA Office, in writing, that permission be granted for the facility to self-dispose of controlled substances.

(2) By transfer to a DEA approved vendor that is certified to dispose of controlled substances.

(3) By transfer to the DEA Regional Office. A letter under separate cover shall be mailed to the Special Agent in Charge at the DEA Regional Office, detailing the items to be returned.

Section 5. Dispensing and Administration

Administration is defined as providing one dose of medication to be applied or consumed immediately. Dispensing is defined as providing multiple doses in a properly labeled container for use over a period of time, i.e., filling a prescription. Only pharmacists, physicians, and dentists may dispense medications.

a. DEA Controlled Substances. The physician or dentist shall initiate or countersign the appropriate health record entry and write an order on a previously authorized form, which shall include the patient's name and number, date, controlled substance, strength, directions, and length of time to be administered. Health Services staff may accept a verbal order,

but the physician or dentist must countersign the verbal order within 24 hours, or by the close of the next workday. Prescriptions for controlled substances must be written on separate prescription blanks.

Schedule II controlled substance orders shall be valid for 72 hours only (with the exception of detox medications). Schedule III, IV, and V orders may be written for not more than 30 days. All orders for controlled substances used for hypnotic purposes shall be valid for not more than 7 days. All orders for substances (Schedule II - V) used in cases of chronic or terminal illness resulting in unremitting pain not likely to abate in the short term and drugs used for narcolepsy shall be valid for 30 days. All such orders must be supported by on-going documentation in the health record.

(1) Administration. The pharmacist or Health Services staff member shall prepare a medication pass, if applicable, for issuance to the patient and a medication sheet (BP-S353) for use in the pharmacy. The person administering the medication shall identify each patient who arrives to receive medication, and shall draw the DEA controlled medication from the substock for immediate administration. Immediately following administration of the controlled medication, the person administering it shall record on the proof of use record and on the BP-S353 or on a comparable computer record.

(2) Accountability. As per title 21, Chapter II, Code of Federal Regulations (21 CFR, Part 1300, Section 1304.4), the Chief Pharmacist shall maintain all records pertaining to purchase, administration, inventory, and audits for at least 2 years prior to the most recent Federal inventory, in a vault, safe, or other secure area.

All medication orders for controlled substances shall be maintained by the Chief Pharmacist or designee in a separate file with a sequential numbering system. Prescriptions for substances in Schedules III-V may be filed separately from Schedule II prescriptions or together, if the orders for the Schedule III-V are marked with a one-inch red "C."

No other items may be stored with DEA controlled substances and their records.

All controlled substances to be taken by mouth shall be administered by a responsible employee in single doses and swallowed in the presence of that employee to ensure that the medication is ingested.

b. Restricted Drugs. "Restricted Drugs" are defined as non-DEA controlled drugs that may be abused or those that require Directly Observed Therapy. These drugs are designated "restricted" by the institution pharmacy and therapeutics committee or Bureau policy. Ordering, prescribing, dispensing, and accounting for restricted medications will be in accordance with local and Bureau procedures.

The Chief Pharmacist shall ensure that medication is not subject to excessive exposure to heat, light, and moisture. Accordingly, it is recommended that medications not prepackaged in unit doses be set up no more than one hour in advance to avoid deterioration of the pharmaceuticals and to reduce errors.

All restricted drugs to be taken by mouth shall be administered by a responsible employee in single doses, and swallowed in the presence of that employee to ensure that the medication is ingested. This dose shall be recorded on the BP-S353 by the person administering.

A staff physician must write or countersign orders for drugs restricted in the formulary.

c. Prescription Medication. A prescription medication is any medication ordered for a patient by a health services practitioner by written order. (See previous sections for prescription medication that is also a DEA controlled substance or a restricted drug.) All medication orders are valid for no more than 30 days with two refills totalling 90 days (except for controlled substances). The administering health care worker shall identify each patient who arrives to receive medication.

All prepackaging and bulk compounding is prohibited except for unit dose packaging or for the drug administration cabinet stock.

Unless otherwise provided by law, ambulatory care patient prescription labels shall include:

- (1) Name and address of the institution pharmacy.
- (2) Date and sequential number.
- (3) Name and inmate number of the patient.
- (4) Name of the medication, strength, and amount dispensed.
- (5) Directions to the patient for use.
- (6) Name of the prescribing practitioner.
- (7) Name or initials of the staff member filling the prescription.
- (8) Any pertinent accessory cautionary statements.

The distribution of drug samples within the institution is prohibited.

A staff physician shall review and cosign orders of all consultant physicians. The pharmacy department shall be able to identify the signatures of all staff practitioners authorized to use pharmaceutical services for ambulatory care patient prescriptions.

The pharmacy department shall provide drug monitoring services in keeping with each patient's needs.

When a patient undergoes surgery, current drug orders are automatically canceled. Local procedures shall determine automatic stop orders for drugs in other circumstances. (Stop order dates for DEA controlled substances are addressed in Section 4 of this chapter).

All medications arriving with inmates through receiving and discharge as new commitments shall be given to the Chief Pharmacist or designee. The Chief Pharmacist or designee shall dispose of all DEA controlled substances in a manner prescribed by the DEA. Health services staff shall dispose of all other medications according to local procedures. However, during the intake screening process, staff shall determine the need for any prescriptions and ensure that adequate supplies are on hand prior to disposal.

d. Over-The-Counter Medications (OTC). Bureau institutions may only sell those OTC medications listed in the Program Statement, Trust Fund Manual, with final approval from the Regional Director. Institutions that receive approval from the Regional Director shall stock any or all of these OTC medications consistent with the Trust Fund Management Manual.

Institutions participating in the OTC commissary program shall not conduct a pharmacy "Drugstore Line." Inmates who do not wish or cannot afford to purchase OTC medications may obtain those that are on the formulary through regular sick call procedures.

Section 6. Adverse Drug Reaction Reporting and Drug Recall

The Health Services Division participates in adverse reaction reporting programs sponsored by the Food and Drug Administration (FDA) of the Department of Health and Human Services (HHS). Drug product defects shall be reported in accordance with the FDA drug product problem reporting program. A drug recall procedure that can be implemented readily, including provisions for documenting results, shall be initiated.

Section 7. Release/Transfer Medications

When an inmate is transferred to a CCC, a 30-day supply of chronic medication shall be provided pursuant to a new prescription.

Inmates requiring DEA controlled substances may be considered for transfer to a CCC after institution staff consult with the Community Corrections Manager (CCM) to determine if the respective CCC can accommodate the special medication needs of the inmate. Institution staff must contact the CCM for assistance in making these type of placements.

An exception to this 30-day supply of transfer medications is for Mariel Cubans released to a Mariel Cuban CCC. These inmates shall receive a 60-day supply of medications.

The general rule on furnishing medication to releases from custody shall be to give the inmate a supply sufficient to allow him/her to seek medical care, up to a 14-day supply. The medication, with directions, shall be given to the responsible releasing officer as indicated by local procedure.

All intrasystem transfers shall be provided with a minimum seven day supply of all medications needed, as noted on the BP-S149, enroute to the next institution, with consideration given to length of time, mode of travel, and availability of medication at the next institution. All DEA controlled substances and other items subject to abuse should be restricted to minimum quantities. Transfer medications left over at the final destination shall continue to be used by the transfer inmate until it is exhausted.

Institutions that fill prescriptions from the inmate health record are not required to have a written prescription on file (with the exception of DEA controlled substances). The daily computerized list of prescriptions filled is sufficient. This includes prescriptions filled for BP-S149s.

For those institutions not utilizing the inmate health record, a prescription shall be provided to the pharmacy for each medication to accompany the inmate in accordance with the BP-S149.

Section 8. Miscellaneous

a. Prescribing Privileges. Medical privileges, including medication prescribing, are granted to each institution's CD by the Medical Director. A staff physician must review and countersign all prescriptions written by consultant physicians.

Prescribing privileges for MLP's are also granted by the CD. An MLP Privilege Statement shall be completed for each MLP to state which medications he/she may order or renew. All controlled substances and psychiatric medications recommended by a MLP must be countersigned by a staff physician.

b. Other Requirements. Consultant pharmacists, if used, shall provide the HSA with a written report monthly. The HSA shall maintain this report on file.

In the interest of minimizing errors, the use of abbreviations of medications is discouraged.

The institution's quality assurance program shall include monitoring, evaluation, and resolution of problems in the area of quality and appropriateness of patient care services the pharmacy department provides.

Health care providers shall not use investigational/experimental drugs so designated by the FDA at Bureau facilities without the written permission of the Medical Director.

The Chief Pharmacist shall maintain adequate records and procedures to ensure that outdated medications are not used. Expired medications must be stored separately. Expiration dates shall be the last day of the month unless otherwise specified.

The telephone number of the local poison control center shall be prominently displayed in the pharmacy and readily available in areas where medications are dispensed/administered.

When available, generic medications may be substituted for brand/trade name medications.

Unless local institution security requirements dictate otherwise, medication dispensing will be in light-resistant, moisture-resistant vials and not plastic bags.

c. Psychiatric Medications. Orders for psychiatric medications are valid for up to 90 days. The stability of the patient on the medication and the intended duration of the prescription must be noted both in the chart and on the order.

d. Other Medications. All other medication orders are valid for 90 days, unless otherwise noted in monograph. No more than a 30-day supply of medication will be dispensed at one time. Hormones used to maintain secondary sexual characteristics in transsexuals require prior approval by the Medical Director.

Section 9. Prime Vendor Contract

The national contracts for drugs and pharmaceutical products are mandatory. All institutions must order from these contracts, which are applicable for Federal Supply Schedule (FSS) contract pharmaceutical items. If the items are identified on the computer database as non-contract items, normal procurement procedures shall be used; i.e., purchase from FSS, mandatory source, or open market.

The Chief Pharmacist shall implement the prime vendor contract at the institution. Procedures for delivery and receipt of medications shall be developed locally in conjunction with the warehouse. Questions regarding the prime vendor contract shall be directed to the Chief Pharmacist.

The Chief Pharmacist shall ensure institution compliance with the "Prime Vendor Procedural Guide." A current guide can be obtained from the Chief Pharmacist.

"Mandatory National Contracts" currently exists for approximately 20 drugs listed in the National Formulary. In these cases, institutions must use only the specified brand of the product under contract. In order to receive the beneficial contracted price, no facility is authorized to vary from this requirement.

All drugs indicated for treatment or manifestations of: HIV and AIDS shall be listed separately on a purchase order under sub-object 84-U.

Section 10. Needles and Syringes

The HSA or designee shall be responsible for the control of needles and syringes. The importance of proper control and use cannot be overstated.

Implementation. All unused needles and syringes in substocks shall be inventoried each medically staffed shift in accordance with local procedures, which shall specify responsibility for conducting the inventory. The time of the inventory shall also be specified. When a discrepancy is noted, a thorough search shall be conducted by the finder for the missing item(s). All discrepancies shall be immediately reported by the finder to the HSA and the Captain. After the search, a written memorandum to the HSA and Captain shall be prepared by the finder explaining the details.

For institutions utilizing the Pyxis Med-Station or similar automated dispensing unit, the daily computerized report shall take the place of the sub-stock inventory requirements.

The only exceptions to the shift inventory requirement are properly sealed emergency carts or kits. Each institution shall develop a policy for inventorying sealed carts. Inventories must still be performed at least monthly.

Local procedures shall identify the party responsible for storing needles and syringes. All unused substock needles and syringes shall be stored in a separate locked cabinet, within a room locked at all times when staff are not present. All bulk amounts of sterile needles and syringes shall be stored in a secure area. Each facility shall have suitable storage space.

The HSA shall ensure that a suitable Certificate of Disposition for Control of Needles and Syringes is provided for all areas accountable for these items. The HSA shall also ensure that local procedures indicate responsibility for requisition of needles and syringes, and for recording additions to and uses of inventory. Each use area shall have an individualized inventory.

The practitioner using or obtaining new supplies of needles and syringes shall subtract or add, as appropriate, from the inventory. The employee using the needle or syringe shall designate on the form the patient or reason that the item(s) was used for and sign for the item(s), indicating date and time. Employees shall not handle disposed/contaminated syringes, needles, scalpels, and other accountable items to conduct a physical count.

At the time specified above the designated employee shall draw a solid line across the page under the last entry. An inventory shall be conducted bringing the totals of each item to the first available line under the solid line. The designated staff member(s) shall place the time, date, and signature of the employee(s) counting.

Needles and syringes obtained from the storage area shall be added to the inventory and the new totals brought forward. Needles and syringes shall be ordered on a requisition form. Under no circumstance shall needles and syringes be stored with controlled substances.

The Certificate For Disposition for Control of Needles and Syringes shall be turned over to the HSA's office when completed. Documentation shall be retained for two years. The HSA shall review and maintain each form for spot-check inventories of used needles and syringes.

Section 11. Patient Counseling

The Chief Pharmacist shall develop written procedures to address patient counseling by a pharmacist. The physical plant will be considered in this plan. All inmates, whether in the parent institution, Segregation Housing, or a satellite facility, shall be provided information on their medication. This information may take the form of a written medication information sheet and/or oral counseling.

Written medication information sheets may be those developed by Bureau pharmacists or those available from a pharmacy software program.

Oral counseling may be done at the pharmacy window, a designated counseling area, or the inmate's cell.

Information to be furnished with new prescriptions may include:

- # Name of the Drug
- # Indications
- # Dosage Instructions
- # Adverse Effects
- # Drug-drug or Drug-food interactions
- # What to do if a dose is missed
- # Special instructions (i.e. take with food, will discolor urine, etc.)

It is not necessary to furnish patient counseling for each refill of a prescription. However, refill encounters are an excellent opportunity to check on patient compliance, drug effectiveness, and adverse drug reactions.

Over the counter drugs dispensed by a pharmacy may be on a sheet with other OTC products, and made available in the Health Services Unit.

Section 12. Chronic Medication/Summary Sheet

The chronic medication/summary sheet is filed under the problem list in Section 2 of the health record. The chronic medication/summary sheet lists current medications. Each institution shall determine the appropriate format to meet this requirement (i.e., computerized pharmacy records, etc.).

CHAPTER IX: PSYCHIATRIC SERVICES - FORENSIC EVALUATIONS

Section 1. Mission

Psychiatric Services is responsible for evaluating and treating confined persons throughout the Bureau who are suspected of suffering from mental disorder, and providing forensic services to the Federal courts. Both services shall be performed professionally, efficiently, and with minimal disruption to the inmate and the institution. This mission should be accomplished to ensure safety and respect for all involved: patients, staff, and other inmates.

Without diminishing the importance of any mental health service offered, should fiscal restraint dictate the curtailment of services in any way, priority shall be given to continuation of mental health services in the following order:

a. Emergency care, including but not limited to, crisis intervention for inmates who are suicidal, homicidal, or unable to function in the open population without creating dangerous situations due to their mental illness.

b. Mandatory, court-ordered evaluation or treatment (18 U.S.C., Section 4241-4247).

c. Care necessary to maintain the inmate to prevent: (1) serious deterioration of his/her condition, (2) reduction in the chance for possible resolution of the condition after release, (3) pain or discomfort, or (4) the individual's ability to function in the open population due to mental illness.

d. Care that, while not essential, may be of substantial benefit to the inmate in improving his/her ability to interact in daily life with family and associates or change undesirable habits or characteristics.

Section 2. Organization

Psychiatric Services throughout the Bureau is directed by the Bureau Chief of Psychiatry, who functions under the supervision of the Medical Director. Each Psychiatric Referral Center must establish a specific organizational plan designed to meet its unique needs and the needs of the Bureau. These plans are subject to the approval of the Medical Director and the Chief of Psychiatry. At regular correctional institutions, Psychiatric Services ordinarily falls under the direction of the CD or designee, in consultation with the Chief of Psychiatry. If more than one psychiatrist is assigned to a single institution, the Warden may appoint a Chief of Psychiatry subject to the Medical Director's approval.

It is recommended that each institution not having a full-time psychiatrist employ a consultant. Inmates requiring psychiatric treatment will ordinarily not be designated to camp facilities.

In addition to evaluation and treatment of confined persons and the provision of forensic services, it is anticipated that the psychiatrist's duties will include:

- a. Working with the Department of Psychology to establish an overall, effective, and integrated mental health program for the institution.
- b. Providing training to other institution staff in the area of psychiatric expertise.
- c. Working as liaison with Correctional Services in matters relating to behavior and mental health management.
- d. Serving as a member of medical committees and attending team meetings relevant to the psychiatrist's caseload.
- e. Providing input regarding psychiatric issues to the institution executive staff and to the Office of the Medical Director.

Section 3. Psychiatric Referral Centers

Psychiatric Referral Centers are institutions specifically designated within the Bureau to provide inpatient psychiatric hospitalization. At present, these include MCFP Springfield, FCI Butner, FMC Rochester, FMC Lexington, and FMC Carswell.

Routine referrals shall be made to the Medical Designator.

Emergency referrals shall be made on a Warden-to-Warden basis. These cases should be referred to the most appropriate referral center in terms of resources, proximity, security/custody needs, and bedspace availability. Prior to making telephone contact, the HSA at the referring institution shall complete SENTRY message #204, "Emergency Medical Referral," and transmit it to the appropriate referral center. It is essential that this form be as complete as possible before the referral center makes an acceptance decision. The referral center shall notify the Medical Designator of acceptances via SENTRY.

Referrals to one of the Psychiatric Referral Centers shall ordinarily be initiated by a mental health professional; i.e., a psychiatrist, consultant psychiatrist, or staff psychologist. The standard for referral is that the mental health professional believes the inmate suffers from a mental disease or defect that requires hospitalization and cannot be effectively treated on an outpatient basis.

Administratively, the HSA at the local institution coordinates both regular and emergency referrals for the Warden.

It is strongly recommended that clinicians at referring institutions maintain close telephone communication with clinicians at the referral centers, both before and after transfer.

Section 4. Diagnostic Reference Manual

The latest "Diagnostic and Statistical Manual of Mental Disorders" (currently DSM-IV) shall be used as the standard diagnostic nomenclature. Diagnostic impressions shall be in the format established by the DSM-IV, using Axis I, II, and III.

Section 5. Forensic Studies and Reports

Any examination ordered by a court under 18 U.S.C., Sections 4241-4246 shall be prepared according to the format outlined in 18 U.S.C., Section 4247. If not otherwise specified by the courts, forensic evaluations may be performed by either a psychiatrist or licensed psychologist.

Psychiatrists and psychologists at Psychiatric Referral Centers may routinely complete any study ordered under 18 U.S.C., Sections 4241-4246, 4205(c), or 3552. Psychiatrists and licensed psychologists at regular facilities may complete studies ordered under 4241(a), 4242, 3552, or 4205(c) on patients who do not specifically require hospitalization.

Specific procedures and formats to be used regarding 3552 studies are discussed in the Program Statement on Study and Observation Reports.

Competence to stand trial, as described in Section 4241, means that a person is not suffering from a mental disease or defect to the extent that he/she is unable to understand the nature and consequences of the proceedings against him/her or to assist properly in his/her defense. These two provisions are the only criteria on which competence is judged. Time frames for 4241(a) studies allow 30 days with a possible court-approved 15-day extension. It is critical that these time limits be adhered to strictly. The U.S. Marshals Service should be notified to transport the inmate within the last portion of the study period.

Criminal responsibility (sanity), as described in federal law, means that at the time of the alleged offense the individual did not suffer from a mental disease or defect such that he/she was unable to understand the nature, quality, or wrongfulness of his/her act(s). This is the only standard by which criminal responsibility can be judged. A 4242 study case allows for 45 days, with the possibility of a court-approved 30-day extension. Again, these time limits must be strictly adhered to. It is common for the court to request that both 4241 and 4242 studies be conducted on the same person, yet not specify a time limit. In that case, the study period will be 45 days, with the possibility of a 30-day extension.

Several types of studies require hospitalization and shall only be completed at Psychiatric Referral Centers. These are described below.

Individuals found incompetent to stand trial may be recommitted to the custody of the Attorney General for 120 days to be hospitalized for treatment in a suitable facility under Section 4241(d). It is the clinical staff's obligation to attempt to restore this individual to competency to stand trial within the time frame allowed. If, in the opinion of the evaluating clinician, there is a substantial probability that in the foreseeable future the individual could become competent, an extension may be requested from the committing court. Near the conclusion of the study period, the clinician must conclude either that the individual is now competent to stand trial, or that he/she remains incompetent, and there is or is not a substantial probability that in the foreseeable future he/she will attain competency.

If the individual is not restorable and is mentally ill and his/her release would pose a risk of harm to others or the property of others, a petition to stay release pursuant to 4246 should be filed with the local Federal Court.

Individuals found not guilty only by reason of insanity may initially be committed for a study and, if found dangerous, may be committed back to the custody of the Attorney General for hospitalization pursuant to Section 4243. Section 4243 requires that the Bureau make every effort to place these persons with appropriate State authorities who will accept responsibility for their care and treatment. In lieu of such placement, it requires that clinicians report to the court annually regarding the person's mental condition and progress. The court must also be notified by clinical report if the person recovers from his/her mental disease or defect, if he/she ceases to be dangerous due to mental disease or defect, or if he/she can be suitably released under some type of mandated conditional release plan.

A special provision is made for people who are found guilty by the court but are also found to need care or treatment for psychiatric problems. They may receive a provisional sentence and be committed to the Attorney General under Section 4244. It is then the clinician's responsibility to provide necessary treatment so that they can eventually be released from the hospital. In the interim, it is required that annual reports be submitted to the court. As soon as the person recovers to the extent that he/she no longer needs hospitalization, he/she should be expeditiously returned to the court, with a clinical report indicating his/her condition, for final sentencing.

In general, all forensic reports pursuant to Chapter 313 of the Crime Control Act of 1984 should follow the format outlined in Section 4247. Evaluators should answer only the questions posed by the court. At all times, evaluators should take the position of working for the court, not for the Assistant United States Attorney or the defense attorney.

In all forensic evaluations, the forensic evaluator must explain to the patient the limits to and lack of confidentiality in the forensic situation. However, see Rule 12.2c of the Federal Rules of Criminal Procedure.

Section 6. Use of Psychiatric Medications

Psychiatric medication is to be used only for a diagnosable psychiatric disorder for which it is the most acceptable treatment. It is not designed for, nor should it be used as, a method of chemical control for behaviors unrelated to mental illness.

Absent a court order, involuntarily committing a person to a hospital, or otherwise allowing involuntary treatment, or a psychiatric emergency, psychiatric medications can only be administered voluntarily.

If an inmate is to receive psychiatric medications voluntarily, his/her informed consent must be documented. This must at least include documentation that, prior to he/she giving written consent (see drug specific sample consent forms on BOPDOCS; BP-S538.060, BP-S539.060, BP-S540.060, BP-S542.060, BP-S545.060, BP-S616.060, BP-S617.060), every effort was made to explain to the person why the medication was necessary, how it could improve his/her condition, possible side effects, consequences of not taking the medication, and any alternative treatment deemed appropriate. All of this shall be documented in the health record.

If involuntary medication has to be administered in an emergency setting outside a Psychiatric Referral Center, there should be an immediate emergency referral to one of the referral centers for evaluation and possible hospitalization.

A psychiatric emergency is defined as a person suffering from a mental illness that creates an immediate threat of bodily harm to self or others, serious destruction of property, or extreme deterioration of functioning secondary to psychiatric illness.

If psychiatric medication is to be administered in an emergency situation, a physician or psychiatrist must be prepared to testify that this medication constitutes appropriate treatment for the illness from which the patient is thought to suffer.

The physician or psychiatrist must also be prepared to testify that less restrictive alternatives were not available or indicated or would not have been effective. Less restrictive alternatives could include seclusion, physical restraint, and the use of minor tranquilizers prior to administration of neuroleptic medication.

Emergency treatment with psychiatric medications will ordinarily not be continued for more than 72 hours outside of Psychiatric Referral Centers.

Outside Psychiatric Referral Centers, long-acting medications (e.g., Prolixin and Haldol Decanoate) should not be used as emergency medications.

Documentation of psychiatric medication used in an emergency situation must include the diagnosis for which the medication is prescribed, the nature of the threat perceived, and justification that less restrictive alternatives would not be effective.

Orders for psychiatric medications shall be valid for 30 days with up to two refills for a total of 90 days.

Polypharmacy (the use of three or more classes of psychiatric medication or the use of two or more medications from the same class) should occur rarely and always be accompanied by documentation in the health record to justify their use. All prescriptions should follow recognized, widely accepted uses as described in the Physician's Desk Reference. Departures from this standard shall be justified in the health record.

Efforts shall be made to maintain patients on the lowest effective dose of medication.

All patients on psychiatric medications shall be monitored regularly for side effects; this must be documented in the health record. Particularly for patients maintained on psychiatric medications known to cause tardive dyskinesia, regular monitoring shall be documented for the development of symptoms of this disease.

It is Bureau policy to educate patients as thoroughly as possible about their illness, medications, and treatment needs. It will primarily be the responsibility of the prescribing physician to accomplish and document patient education.

Section 7. Seclusion

Seclusion is defined as the placement of a person in a locked status by order of a physician or mental health clinician for medical or psychiatric reasons. Seclusion is distinct from administrative detention or disciplinary segregation; these are accomplished by correctional order for correctional reasons. Seclusion is defined by JCAHO as a special treatment procedure that may be conducted only by the direct order of a physician or mental health clinician.

Physicians' or mental health clinician's orders for seclusion must be reviewed every 24 hours, at which time a renewal may be ordered. Seclusion may not be used for behavior modification or other types of punishment under any circumstances.

An order for seclusion must be accompanied by a progress note providing justification why this is the least restrictive environment for this person to function in at that time.

Each institution using seclusion shall develop an institution supplement outlining local procedures, subject to the approval of the Medical Director and the Chief of Psychiatry.

Section 8. Use of Medical Restraints

Medical restraints are distinct from those described in the Program Statement on the Use of Force and Application of Restraints on Inmates, as only a physician can order medical restraints. The guidelines in this section do not replace those procedures but are in addition to those procedures.

Psychiatric patients may become violent or suicidal or may display signs of imminent violence that cannot adequately be controlled by seclusion. Under such circumstances, it may be necessary to prevent the inmate from hurting him/herself, other inmates, and staff, or prevent the destruction of Government property.

A medical staff member must physically evaluate any patient initially placed in restraints to ensure their proper application and that the patient has normal respiration, pulse, and an unobstructed airway. This examination shall be noted in the health record, dated, time-noted, and signed by the practitioner performing it.

Excluding an appropriate bed, inmates shall not be restrained to fixed objects such as cell doors or grillwork, except momentarily in an emergency situation.

All restraint orders shall be renewed at least every 24 hours; the inmate shall be evaluated by a physician for continuation or termination of the order.

A physician's order for restraints shall be accompanied by a progress note outlining clinical justification why this is the least restrictive environment in which the person can safely function at that time.

Medical restraints should ordinarily be soft. If for some reason it becomes necessary to apply hard restraints, the justification for this must be documented in the health record.

Medical restraints shall never be used as punishment or for behavioral modification at any time.

PAs/NPs/Nurses shall review the doctor's orders and nursing and progress notes at the beginning of their shift and apply the appropriate nursing techniques in handling inmates in restraints. At a minimum, trained correctional staff or medical staff shall conduct and document checks on the inmate in restraints every 15 minutes.

Persons in restraints shall be permitted to take care of necessary personal hygiene during the day and night at regular intervals, with appropriate attention to security and medical/psychiatric requirements.

Section 9. Electroconvulsive Therapy and Aversive Conditioning

The Bureau does not have facilities to administer this type of treatment in any of its institutions. Except in the case of extreme and unusual emergency, an inmate shall not be considered for electroconvulsive therapy unless housed at a Psychiatric Referral Center.

If it is determined that electroconvulsive therapy should be given to a particular person, he/she must be referred to a qualified consultant psychiatrist in the community who is privileged to administer this treatment at a local hospital.

Prior to the administration of such treatment, the procedure must be approved by the Bureau Chief of Psychiatric Services and the Medical Director.

Aversive behavioral therapy using painful stimuli shall not be used as a mental health intervention.

Section 10. Mental Retardation

Individuals assigned to the Bureau who are considered mentally retarded do not necessarily require psychiatric services, unless behavioral or psychiatric problems prevent them from functioning at a regular correctional facility, in which case such a referral should be made.

Section 11. Hospital Privileges - Psychiatric Referral Centers

As a functioning psychiatric hospital, each Psychiatric Referral Center shall have an organized medical staff subject to bylaws consistent with JCAHO standards. Both psychiatrists and licensed psychologists shall be eligible for membership on the medical staff, and for all privileges within the scope of their licenses, including, in both cases, admitting and discharging privileges.

Section 12. Staff and Student Training

The Bureau shall provide regular professional training for staff psychiatrists, as well as other mental health staff. The training of students in medical/psychiatric specialties is encouraged, provided institutions have sufficient facilities and staff to provide adequate supervision. Psychiatric Referral Centers are encouraged to provide residency and post-residency training for physicians in the area of psychiatry. Residency programs may be established with the approval of the Chief of Psychiatry.

Section 13. Psychiatric Evaluations for Correctional Purposes

See the Program Statement on Control Unit Programs for the format to follow to prepare a psychiatric evaluation for admission into a control unit.

When the mental status of an inmate who has received a disciplinary report is brought into question, that report should be referred to a psychiatrist or a psychologist for consultation prior to processing through the disciplinary procedures. To determine competence and responsibility relevant to the disciplinary infraction, the mental health professional shall use the same standards that apply in establishing competence and responsibility under 18 U.S.C., Sections 4241 and 4242.

Section 14. Legal Issues - Introduction

In October 1984, Congress passed Chapter 313, 18 U.S.C., Sections 4241-4247, covering the evaluation and treatment of mental health inmates in the custody of the Attorney General. These statutes describe in detail the procedures institutions and Psychiatric Referral Centers must follow to evaluate and treat mental health inmates. Staff working with mental health inmates must be familiar with these statutes. If questions arise, consult the Regional Counsel.

Section 15. Chapter 313 - Guidelines for Regular Correctional Facilities

The purpose of this section is to provide guidance and direction to implement Chapter 313 of the Comprehensive Crime Control Act of 1984 for staff outside the Psychiatric Referral Centers.

Competence (4241(a)) and Responsibility (4242) Studies for the Federal Courts: Most of these studies are accomplished at referral centers. However, many may be completed by institutions in the field. Chapter 313 defines criteria for an opinion on competence and criminal responsibility (sanity):

a. To be found competent a person must be able to understand the nature and consequences of the proceedings against him/her and to assist in his/her defense.

b. To be found responsible (sane) the defendant at the time of the offense must not have been suffering from a severe mental disease or defect such that he/she would be unable to appreciate the nature and quality or wrongfulness of his/her acts. Mental disease or defect does not otherwise constitute a defense. Time frames on these study cases are critical and must be strictly adhered to:

c. A 4241(a) study case is to be completed 30 days from the date of the court order. Statute allows for a 15-day extension, if approved by the court.

d. A 4242 study must be completed within 45 days from the date of the court order. Statute allows for a 30-day extension if approved by the court.

e. If an inmate is committed under both 4241(a) and 4242, the time frames for 4242 will normally be used.

f. The Warden of each institution must establish procedures so that materials needed for the evaluation are requested from the Assistant United States Attorney (AUSA), the defense attorney, or the probation department immediately upon receiving the inmate.

The principal evaluator in 4241(a) or 4242 may be either a psychiatrist or a clinical psychologist. The individual doing the evaluation must be licensed.

Under 4241(a)/4242, persons are referred primarily for evaluation; however, during their study they may also require psychiatric medication.

Such medication can only be given by order of a physician, preferably a psychiatrist, who determines that this medication is needed to treat a diagnosed mental illness. Involuntary medication cases shall be reviewed by legal counsel before initiating treatment.

Before administering any psychiatric medication to a 4241(a)/4242 inmate, the committing court shall be notified, thus allowing them to raise any objection they might have. Exceptions to this provision are discussed below. The court shall be notified whether the inmate voluntarily takes or refuses the medication.

Medication may be administered prior to informing the committing court in the case of an emergency. The court must be contacted at the earliest possible time following the administration of medication. If an inmate is admitted to the facility under 4241(a)/4242 at a time when it is not possible to contact the court immediately (e.g., weekend, evening, holiday), is already taking a prescribed regimen of medication, and consents to its being continued, the physician may continue the medication until the court can be contacted. Again, this contact should be made as early as possible.

For a patient to receive voluntary psychiatric medication, it is necessary that a written informed consent be documented in the health record. This shows that every effort was made to explain to the patient, at minimum, why the medication is necessary, how it could improve his/her condition, the possible side effects, the consequences of not taking the medication, and any alternative forms of treatment deemed appropriate.

g. In keeping with the court order on 4241(a)/4242 cases, the primary evaluator will prepare a final report to the court. Chapter 313, Section 4247, indicates that the psychological or psychiatric report will include at least:

- (1) The person's history and present symptoms.
- (2) A description of the psychiatric, psychological, and medical tests employed and the results.
- (3) The examiner's finding.
- (4) The examiner's opinion regarding diagnosis and prognosis.
- (5) The examiner's opinion on questions raised by the court.

Bureau staff must at all times maintain the stance of working for the court, not for the AUSA or the defense counsel. Staff shall maintain neutrality and, thus, credibility. When providing opinions to the court, it is important that the evaluator answer only the forensic question the court asked. For example, if the court asks only for an opinion on competence, the examiner should not include an opinion on responsibility. Should an occasion arise in which the examiner feels strongly that an additional question merits response, the Attorney Advisor or Regional Counsel should be consulted.

Completed reports should be mailed directly to the court with a cover letter from the Warden summarizing major findings. Copies must also be forwarded to the prosecutor and defense attorney.

Section 4241(d) states that once a person has been ruled incompetent he/she can then be committed back to the Attorney General for further treatment and evaluation of his/her return to competence. All of these commitments are housed at Psychiatric Referral Centers.

Section 4243 provides procedures to be used when an inmate is found not guilty only by reason of insanity. All inmates committed under 4243 are housed at Psychiatric Referral Centers.

Section 4244 is a special provision for people who are found guilty but receive a provisional sentence and are found by the court to need psychiatric hospitalization for treatment. All those committed under 4244 are housed at Psychiatric Referral Centers.

Section 4245 provides for involuntary hospitalization and treatment of sentenced prisoners found to be suffering from a mental disease or defect. The statute specifies that these individuals are to be "hospitalized." All 4245 proceedings take place and are initiated at Psychiatric Referral Centers. However, the statute does have implications for regular facilities.

Section 4245 gives the person the right to refuse involuntary psychiatric treatment prior to a formal court hearing and commitment. This means that psychiatric medication cannot be administered against a person's will outside a Psychiatric

Referral Center except in the case of a psychiatric emergency.

If an inmate is to receive psychiatric medications voluntarily, his/her informed consent must be documented. This must include documentation that prior to giving his/her written consent every effort was made to explain to the inmate why the medication was necessary, how it could improve his/her condition, the possible side effects, the consequences of not taking the medication, and any alternative treatment deemed appropriate.

If involuntary medication has to be administered in an emergency situation, there should be an immediate emergency referral to one of the referral centers for evaluation and possible hospitalization.

The use of long-acting medication (e.g., Prolixin and Haldol Decanoate) as emergency medications should ordinarily be avoided; their effects cannot be discontinued after 72 hours.

It is not necessary to obtain the inmate's consent prior to transfer to a referral center; however, institutions are encouraged to give inmates as much information about the transfer as possible, as this often facilitates their adjustment.

Although inmates who are serving only State sentences, territorial sentences, or D.C. Superior Court sentences generally cannot be hospitalized at Psychiatric Referral Centers, the centers can refer them back to their State or territory of residence for inpatient treatment. Therefore, should such inmates at regular institutions be found to need inpatient hospitalization they should be referred to one of the referral centers for possible transfer.

It is important to recognize that once a referral to a referral center is made, should the center need to use Section 4245 for involuntary commitment, all records become open to the court. This means that records from other institutions will be scrutinized by the AUSA, defense attorneys, and the court. It is critically important that the records be thorough and that all actions be well documented.

If one of the referral centers has to file a petition under 4245, it is also valuable to have as much information as possible from the referring institution about the inmate's symptoms and behavior prior to transfer.

If an inmate is involved in conduct that prompts the writing of an incident report immediately prior to transfer, it is recommended that the report be written, but that a ruling on competence and responsibility be deferred until his/her arrival at the Psychiatric Referral Center.

If an inmate housed at a referral center is committed for treatment under Section 4245, the committing court must discharge the patient prior to that individual's transfer to a regular

institution. Once returned to a regular environment, the inmate has the same right to refuse medication as any other inmate.

Section 4246 contains procedures whereby an inmate can be retained beyond his/her release date if he/she is found to suffer from a mental disease or defect such that release would present a substantial risk of bodily injury to another person, or serious damage to property.

An inmate must be hospitalized in a psychiatric hospital prior to initiating any 4246 proceedings. Thus, 4246 proceedings are done only at the Psychiatric Referral Centers.

It generally requires at several weeks to obtain a 4246 hearing and decision. Therefore, institutions must refer persons needing hospitalization as soon as the need is identified, preferably at least 120 days, prior to waiting until a release date is at hand.

If an inmate is within 60 days of release and the sudden onset of a mental illness is observed that might qualify him/her for 4246 proceedings, an emergency referral to a Psychiatric Referral Center should be made immediately.

h. Inmates on whom a referral center shall consider filing a 4246 action must meet four criteria:

(1) They must suffer from a serious mental disease or defect, generally a DSM-IV Axis I diagnosis.

(2) They must present a danger to another person or the property of others (not themselves) if released to an unstructured environment.

(3) The finding of dangerousness must be causally related to the mental illness.

(4) No suitable State placement can be found.

In the case of a parole date, 4246 proceedings usually are not necessary as the date can be retarded. If referring an individual to a Psychiatric Referral Center due to the sudden onset of mental illness who is less than 30 days from a parole date, the case manager should first contact the U.S. Parole Commission to determine if the date will be retarded.

Specific policies apply in the case of psychiatric emergencies. These are outlined in Section 6 of this chapter.

Policies and procedures described above are general in nature; exceptions will arise. Institutions are encouraged to contact Regional Counsel for advice in such circumstances.

Section 16. 18 U.S.C., Section 4241(a) and 4242 Psychiatric Referral Centers

Procedures are identical to those described for regular correctional facilities in Section 15 of this chapter.

Section 17. 18 U.S.C., Section 4245: Psychiatric Referral Centers

a. Psychiatric Commitment Procedures for Sentenced Inmates Who Object to Psychiatric Care and Treatment. Section 4245 provides that absent an emergency (defined in Section 6 of this chapter), a sentenced Federal inmate cannot receive involuntary treatment until he/she has been involuntarily hospitalized following a hearing in Federal court. The following categories of inmates are **not** subject to Section 4245 procedures:

(1) District of Columbia (DC) Code Prisoners, and State and Territorial Prisoners. For procedures pertaining to these inmates, see Section 18 of this chapter.

(2) Uniform Code of Military Justice (UCMJ) Prisoners. Military prisoners shall be accepted for psychiatric treatment on a space-available basis after the military has conducted a Vitek-type due process hearing. The Regional Counsel must have certified this hearing as appropriate.

(3) Immigration and Naturalization Service (INS) detainees and unsentenced prisoners in Bureau custody as a result of a court order (e.g., a civil contemptor). Prior to providing involuntary treatment to these inmates, an administrative, Vitek-type due process hearing must be provided.

(4) Prior to involuntarily treating any of these categories of inmates, legal counsel should be consulted. These procedures are listed in Section 21 of this chapter.

b. Psychiatric Evaluation and Care Pursuant to Section 4245. At the Psychiatric Referral Centers, the diagnostic and observation areas are, to the extent practicable, physically separated from inpatient mental health treatment units. Inmates assigned to a diagnostic and observation area may not be housed with inmates who have been admitted to the psychiatric hospital for care and treatment. The length of stay in a diagnostic and observation area shall be kept as brief as possible; ordinarily, not more than 45 days. During the evaluation period, unless there is an emergency situation, inmates assigned to a diagnostic and observation area shall not be treated without their documented consent. A written record must be maintained documenting any emergency situation and the treatment provided.

The purpose of the psychological or psychiatric evaluation is to determine whether the inmate suffers from a mental disease or defect for which he/she should be admitted to a psychiatric hospital. If, after the evaluation, staff at one of the four

facilities with a diagnostic and observation area determine that the inmate does not need such treatment, the Warden shall ordinarily arrange his/her transfer back to the sending institution. If it is determined that the inmate should be admitted to a psychiatric hospital, clinical staff shall discuss their findings and conclusions with him/her and determine whether he/she objects to being admitted.

Staff of a diagnostic and observation area shall use the Notice of Right to Object form (Attachment IX-A) to advise the inmate of his/her rights under Section 4245 and, specifically, the right to a commitment hearing if the inmate is opposed to being admitted. In all cases, the staff witness on the form shall be a mental health professional who shall be available to answer the inmate's questions. Staff shall assist an inmate in preparing a written objection to the admission decision whenever the inmate objects to being admitted, but is incapable of preparing a written objection.

If an inmate does not object to a proposed admission, he/she shall immediately be placed in the psychiatric hospital after receiving a copy of Attachment IX-A. If an inmate does object and the evaluating clinician believes the admission is necessary, the Warden shall contact the Office of the U.S. Attorney for that district and shall provide the U.S. Attorney with information showing a reasonable cause to believe the inmate is suffering from a mental disease or defect requiring admission to a psychiatric hospital.

The Warden shall also request the U.S. Attorney to immediately file a petition in the local district court for a hearing on admission. This petition should include staff's assessment of the inmate's need for treatment, specifically including any required medication. The Warden may also request that the U.S. Attorney file a motion requesting an expedited hearing because of especially demanding circumstances. Through the U.S. Attorney, the Court should be advised of any need for special care, such as restraints or emergency treatment, already undertaken or contemplated. (The U.S. Attorney is to be advised of any care subsequently administered and the reasons for it.) Attachment IX-B is a sample letter that the Warden may use.

When an inmate has objected to a proposed admission, staff shall maintain him/her in the diagnostic and observation area until the conclusion of court proceedings. Until the court reaches a final decision on the commitment, staff shall not treat the inmate for the mental disease or defect unless the inmate consents to treatment, there is a court order approving treatment without the inmate's consent, or an emergency situation necessitates immediate action. In the latter situation, as stated previously, staff shall immediately advise the U.S. Attorney of the emergency and the steps taken to care for the inmate.

When an inmate who has been voluntarily admitted to a psychiatric hospital subsequently objects in writing to further treatment, staff shall immediately discontinue treatment and place the inmate in the diagnostic and observation area. The staff shall then immediately discharge the patient or, if further treatment is indicated, request that the U.S. Attorney file a petition for a commitment hearing. Staff shall ensure that an inmate receives assistance to prepare a written objection whenever he/she objects to further hospitalization, but is incapable of preparing the objection.

An inmate voluntarily admitted to a psychiatric hospital may be transferred to a non-psychiatric facility without court approval. An inmate admitted for psychiatric treatment after a court commitment hearing can be transferred to another psychiatric hospital for care or treatment without court approval, unless a court order specifically bars such transfer.

Whenever an inmate admitted for care or treatment after a court commitment hearing recovers from the mental disease or defect to the extent that he/she can be transferred to a non-psychiatric facility, the Warden shall file a certificate with the clerk of the committing court indicating that the inmate's present mental condition is such that he/she no longer needs treatment in a psychiatric hospital, along with a request for immediate permission to discharge and transfer the inmate to a non-psychiatric facility. The inmate shall not be transferred until the court orders the inmate discharged. Attachment IX-C is a sample certificate that the Warden may use.

The original of the Notice of Right to Object to Admission for Mental Health Treatment, a copy of the Letter to United States Attorney's Office, a copy of the Certificate of Recovery and Request to Discharge from Psychiatric Hospitalization, and all court orders must be sent to the Inmate Systems Manager (ISM) immediately upon completion or upon receipt, for inclusion in the Judgment and Commitment File and any other action needed, such as statistical compilation.

c. Involuntary Treatment Under Section 4245. See Section 21 of this Chapter.

Section 18. Psychiatric Evaluation of State Boarded Offenders

Chapter 313 addresses the treatment of sentenced Federal offenders who suffer from mental defect or disease. The Bureau has interpreted Chapter 313 as generally not applying to State offenders boarded in the custody of the Attorney General. It is imperative that Correctional Programs staff critically review all State offender referrals for potential psychiatric problems prior to acceptance for Bureau custody. Cases in which problems are identified ordinarily should not be accepted.

a. For the purpose of this Manual, a State offender is defined as a sentenced inmate in the custody of the Bureau who is not serving a Federal sentence. A State offender may include inmates in Federal custody who are:

- (1) Serving a State sentence.
- (2) Serving a District of Columbia Superior Court sentence.
- (3) Serving a territorial sentence.
- (4) Held in the Bureau as the result of a court order.

b. Procedures. When clinical staff at any institution believe an evaluation in a Psychiatric Referral Center is indicated for a State offender in Federal custody, that person shall be referred to a center for evaluation.

(1) Upon the offender's arrival at the center, diagnostic and observation staff shall immediately evaluate the individual to determine whether he/she requires inpatient hospitalization. If clinical staff determine that inpatient treatment is required, immediate preparation shall begin for the offender's return to State custody.

(2) The Warden at the referral center shall notify the Regional Director, forwarding psychological/psychiatric reports and assessments of clinical findings as to treatment needs. When the receiving State is situated outside the boundary of the referring region, copies of all material shall be sent to the Regional Office in which the State is located.

- (a) Provided there are no extenuating factors, the Regional Correctional Programs Administrator shall initiate plans to have the offender returned to State custody. Extenuating factors may include:
 - (i) State offenders in Bureau custody by court order.
 - (ii) Special agreements or contracts with State authorities that preclude return of the offender to that State (i.e., Witness Protection Cases).
 - (iii) Other situations which the Regional Director deems extenuating.

If, while an inmate is awaiting return to a State, he/she voluntarily consents to treatment, he/she may receive treatment as an outpatient, which may include psychotropic medications.

- (b) When extenuating circumstances preclude the return of an offender to the original State of jurisdiction, these procedures must be followed prior to placement in a psychiatric hospital:

- (i) If the State offender does not object to a proposed admission to a psychiatric hospital, he/she will be immediately placed after receiving the Notice of Right to Object Form (see Attachment IX-A).
- (ii) If the State offender objects to the proposed admission, staff shall maintain him/her in the diagnostic and observation area until a Vitek administrative due process commitment hearing can take place (see Section 21 of this chapter). Staff may administer care necessary to alleviate a psychiatric emergency.
- (iii) When a State offender has voluntarily agreed to be admitted, then subsequently objects in writing to further treatment, staff shall immediately place the offender in the diagnostic and observation area. If further treatment is indicated, the Warden shall follow the procedures in the above paragraph.

Section 19. Section 4246 - Commitment Procedures for Inmates Who Are Scheduled for Release, but Who Are Mentally Ill and Dangerous

a. Section 4246 applies to the following types of inmates:

(1) Section 4244 - A hospitalized inmate whose provisional sentence is about to expire.

(2) Hospitalized Inmates - An inmate hospitalized voluntarily or under 18 U.S.C., Section 4245 whose sentence is about to expire, or an inmate hospitalized for psychiatric treatment prior to October 12, 1984, who has been continuously confined in a hospital setting and whose sentence is about to expire.

(3) Section 4241(d) - A hospitalized inmate who has been adjudged incompetent and whose mental condition has not improved to permit him/her to be tried. Hospitalization under this section is limited to 4 months unless this period is extended by the court in which the criminal charges are pending. To request an extension beyond 120 days, clinical staff must be willing to state that there is a substantial probability that within the additional period of time the person will attain the capacity to permit the trial to proceed.

(4) A hospitalized inmate against whom all criminal charges have been dismissed solely for reasons related to his/her mental condition. If the charges are dropped for reasons other than mental condition (e.g., insufficient evidence), immediate steps must be taken pursuant to Section 4246(g) to either release or civilly commit the person to the State where he/she lives or was tried. In the latter situation, staff have 10 days after learning the charges were dropped to release the inmate.

Section 4246 does not apply to State or territorial prisoners confined solely under 18 U.S.C., Section 5003 (contract prisoner), INS detainees, or inmates sentenced solely under the Uniform Code of Military Justice (UCMJ) or the District of Columbia Code.

b. Procedures. Whenever possible, a hospitalized psychiatric inmate (as defined above) within 120 days of a scheduled release date shall be reviewed by appropriate mental health staff to determine whether proceedings should be instituted in the district court where the inmate is confined to hospitalize him/her beyond the scheduled release date. For convicted and sentenced inmates, scheduled release date means either a parole date, mandatory release date, expiration good time date, or full-term expiration date. The purpose of the review is to determine whether mental health staff believe the inmate is presently suffering from a mental disease or defect as a result of which his/her release would create a substantial risk of injury or serious damage to the property of another person.

When staff determine after careful review that the inmate is not dangerous to the community due to mental illness, this shall be documented in detail in the health record, with particular attention to factors relied upon to reach this conclusion. In these cases, the commitment provisions of Section 4246 will not be applicable.

When staff believe release would create a substantial risk of injury or serious damage to the property of another, they must immediately initiate contact with the State where the inmate lives or was tried to determine whether suitable arrangements for State custody and care are available. When the inmate is scheduled to be paroled, a letter should be sent to the U.S. Parole Commission indicating the his/her current mental condition and the factors that staff relied upon to determine that release would create a substantial risk of injury or damage to property. If the U.S. Parole Commission determines it will postpone release, proceedings under this section need not be initiated. For more detailed instructions on State placements under Section 4246, see Section 20 of this chapter.

c. Commitment Procedures Under Section 4246. After receipt of the requested information from the State mental health organization, staff must determine whether suitable arrangements for State custody and care are available. When such arrangements are not available, the Warden shall send to the local office of the U.S. Attorney a Certificate of Dangerousness Due to Mental Disease or Defect (Attachment IX-D), with instructions to file it immediately with the clerk of the court. Staff should make every effort to file the certificate sufficiently in advance of the scheduled release date that the court can hold a hearing prior to the inmate's scheduled release. Filing the certificate will stay the release pending completion of procedures under this section.

Section 4246(a) specifies that the 4246 commitment hearing can only take place in the judicial district where the inmate is hospitalized, and after the director of the facility has filed an Attachment IX-D with that court. When staff receive either a request for a Certificate of Dangerousness Due to Mental Disease or Defect, or a 4246(d) commitment order from a court outside the district of confinement, staff should immediately contact the U.S. Attorney's office in the district in which the inmate is confined. Staff should request that the Assistant U.S. Attorney bring to the sending court's attention the appropriate venue for a 4246 hearing.

When, due to the inmate's mental condition and State resources available, staff do not feel the inmate can be safely released without conditions, but could be released if he/she were required to comply with a regimen of treatment that is available in the State and Bureau staff feel it is appropriate. Then, the U.S. Attorney should be asked to take the position that while suitable arrangements for unconditional release are not available, the inmate could be released conditionally under a prescribed regimen of treatment without substantial risk of injury or property damage. Conditional releases are discussed in detail below.

If, after the court hearing, the inmate is committed to the custody of the Attorney General for further hospitalization, staff have a continuing obligation to try to find a suitable State mental health placement. This may include helping to get the inmate civilly committed in the State where the inmate lives or was tried. It may also include, with concurrence of the Medical Director, contracting with the State to provide care and treatment.

An inmate who has been committed for further hospitalization pursuant to Section 4246 may be discharged when:

(1) Suitable arrangements for custody and care are found. Whenever an inmate hospitalized under this section is released to a suitable facility, the court that ordered the commitment shall be notified. Specific procedures governing releasing an inmate to a State placement are found in Section 20 of this chapter.

(2) The inmate has recovered from the mental disease or defect to such an extent that unconditional release or conditional release under a prescribed regimen of care or treatment would not create a substantial risk of injury or serious damage to property. When this occurs, staff shall file through the U.S. Attorney either the Certificate of Recovery and Request for Release from Hospitalization or the Certificate of Recovery and Request for Conditional Release from Hospitalization with the court that ordered the inmate committed.

If a conditional release is being recommended, staff must include with the certificate written documentation from clinical staff indicating the type of treatment required for this inmate, information indicating that upon release arrangements have been made for the inmate to receive treatment, and information

indicating that if the inmate fails to comply with the prescribed treatment program, the director of that program will immediately notify the court and the releasing institution, and that if officials of the program administering treatment feel the conditions of release should be modified or eliminated, they will apprise the releasing institution and the court. Conditional discharges may also occur under Section 4243.

An inmate who has been committed for further hospitalization pursuant to Section 4246 must be reviewed periodically to determine whether his/her mental condition has improved to such an extent that release or conditional release would no longer create a substantial risk of bodily injury to another person or serious damage to the property of another. An annual report detailing the mental condition of the person and containing recommendations concerning the need for continued hospitalization must be filed with the court that ordered the commitment. In the case of an inmate committed under 4246 after having been found incompetent to stand trial, should he/she regain competence so a trial could proceed, the court that originally ruled him/her incompetent shall be notified immediately. That court may then order the inmate returned for trial or dispose of the charges in some other manner.

Section 20. State Placements of Inmates in Need of Mental Health Care Pursuant to Sections 4243 and 4246

18 U.S.C., Section 4243 provides for hospitalization of a person found not guilty only by reason of insanity. 18 U.S.C., Section 4246 provides for hospitalization of a person due for release but who is still suffering from a mental disease or defect. Both provisions involve a determination that the person presents a substantial risk of injury or serious damage to the property of another if released. For staff guidance, "substantial risk" means staff believe, if released, the inmate probably will commit a violent act within six months.

Ordinarily, State placements are coordinated by mental health social workers or case managers.

However, because Congress, in enacting Chapter 313, indicated that mental health care is a State responsibility, both provisions also require that all reasonable efforts be exerted to release the person to appropriate State officials. This may include contact both before and after 4246 proceedings are instituted and the inmate is involuntarily committed. The Department of Justice has further stated that, even after such a person is released to an appropriate State official, there is a continuing Federal interest that the person not be unconditionally released without the concurrence of the appropriate Federal court.

a. Each Psychiatric Referral Center shall establish local procedures covering the following:

(1) Individuals in the custody of the Attorney General who, staff believe, if released, would create a substantial risk of injury or serious damage to the property of another because of a mental disease or defect must be evaluated to assess care and treatment needs. After making this assessment, staff at the Psychiatric Referral Center at which the individual is hospitalized or housed must contact mental health officials in the State where the individual lives or was tried in an effort to secure suitable custody and care. "Suitable" means that the facility can provide the necessary care and treatment and can hospitalize the individual on an involuntary basis if necessary.

(2) Voluntary admissions are suitable if the facility has procedures available whereby the individual can be involuntarily committed should this be necessary. To be suitable, a facility must also agree to provide specific information on the nature of the inmate's disease to officials at the releasing institution and the committing Federal court prior to releasing the inmate.

Since a suitable facility may include a Department of Veterans Affairs (VA) hospital, references to State placements or officials include VA facilities and officials.

b. For cases when a State mental health organization is contacted, the referral letter should include at least:

(1) Specific information on the nature of the inmate's mental disease or defect, current condition, treatment, and prognosis. Prior to releasing this information to State officials, the inmate shall be asked to sign a release of information form. If the inmate refuses to sign, staff shall consider the placement involuntary, and the State's involuntary commitment procedures will then be followed.

(2) Detailed information on the factors relied upon to determine that the inmate's release would create a substantial risk of injury or serious damage to the property of another. Staff should be particularly cognizant of cases when threats or violent behavior have been directed toward a particular person or class of persons. This information must be passed on to the State organization, which must agree to notify in writing the person or persons who were threatened prior to the inmate being released. The inmate shall be asked to sign a release form authorizing release of this information to State officials and to the person(s) threatened. The inmate's refusal to sign may be considered as evidence indicating the inmate's release would continue to create a substantial risk of injury. If the inmate refuses to sign, legal staff shall be consulted prior to any notification.

c. Additional information to be considered is:

(1) Social history.

(2) Institutional adjustment.

(3) Request for a description of programs, staff, and facilities available in that State or in that particular mental health program.

d. State officials to whom a mentally ill and dangerous individual is released for hospitalization must agree:

(1) With respect to State placements pursuant to Section 4243(e), State officials must submit periodic reports, at least annually, to the committing Federal court and agree to advise the court of an intent to discharge the individual sufficiently in advance of the anticipated discharge to allow the Federal court to concur. If the court does not agree, it may order the individual returned to the custody of the Attorney General.

(2) With respect to individuals committed to the custody of the Attorney General pursuant to Section 4246(d), State officials must agree to submit periodic reports, at least annually, to the committing Federal court (with copies to the releasing institution). State officials must also notify the committing Federal court and the releasing institution of an anticipated discharge sufficiently in advance to allow the court to concur. If the court does not agree, it may order the individual returned to the custody of the Attorney General.

(3) With respect to inmates committed to the custody of the Attorney General pursuant to Section 4241(d) who have not regained competence within 120 days (or a court-ordered extension), State officials must agree to submit periodic reports, at least semiannually, to the committing Federal court and to notify the court and the releasing institution of any decision to discharge the inmate sufficiently in advance of the anticipated discharge that the court has an opportunity to concur. If the court does not agree, it may order that the individual be returned to the custody of the Attorney General.

(4) With respect to inmates hospitalized either voluntarily or committed under Section 4245 who are deemed to be dangerous such that Section 4246 proceedings are either deemed appropriate, but not actually filed, or are actually filed with the clerk of the court, but when prior to final decision the inmate is placed with the State, officials in the State must agree to notify the releasing institution sufficiently in advance of the anticipated release so that officials at the releasing institution have an opportunity to concur. For purposes of that review, State officials must forward records explaining the discharge decision to the releasing institution. Based upon review of these materials, if institution officials disagree with the discharge decision, the individual shall be returned to the releasing Federal institution, and Section 4246 proceedings shall immediately be instituted or reinstituted.

e. Mental health staff at the releasing Psychiatric Referral Center shall evaluate individuals returned by the court or State officials following discharge from State hospitalization to determine whether they currently suffer from a mental disease or

defect such that their release would present a substantial risk of bodily injury to another person or serious damage to the property of another. Clinical staff shall report the results of the evaluation to the appropriate Federal court. In the case of an individual committed under 4241(d) but not 4246, clinical staff shall report their findings to the 4241(d) court. However, when staff believe 4246 proceedings should be initiated, they shall inform the 4241(d) court that they are simultaneously filing a 4246 petition in the district court where the individual is hospitalized. If staff report to the 4241(d) court that they do not feel filing a 4246 would be appropriate, they should point out that Section 4246 proceedings may only be filed:

(1) Following the filing of a certificate of dangerousness by the director of the hospital currently housing the inmate.

(2) In the district court where the individual is hospitalized.

f. Conditional releases and suitable State placements may both be done pursuant to Sections 4243 and 4246. However, despite similarities, they differ in the following ways:

(1) A conditional release may only be carried out after the court has committed the inmate pursuant to Section 4243 or 4246. A suitable placement may take place before or after the 4246 commitment.

(2) A conditional release requires a direct court order, whereas a suitable placement simply requires that the Bureau inform the court of the placement, and that officials who have accepted the inmate notify appropriate officials in advance of their proposed decision to discharge the inmate.

(3) A conditional release requires that a treatment regimen be specified to, and approved by, the court, whereas suitable placements leave the specific treatment to the professional judgement of staff at the placement facility.

(4) Conditional releases require the immediate reporting to the court of any noncompliance with treatment that the offender has agreed to as a condition of release; suitable placements are not bound by this requirement.

Undoubtedly, questions will arise as staff attempt to make State placements. When policy questions arise, they should be referred to the Office of the Medical Director.

Section 21. Administrative Safeguards for Psychiatric Treatment and Medication

Refer to the current Program Statement on Administrative Safeguards for Psychiatric Treatment and Medication. Attachment IX-A, Consent to Admission for Mental Health Treatment Form, is to be used for voluntary admission for mental health treatment.

Section 22. Transitional Care Units

Medical Centers shall refer those inmates who:

- # have been stabilized on medication,
- # have proven to be medication compliant,
- # expressed a willingness to continue in treatment, and
- # pose no obvious risks to the safety or themselves or others prior to their approval for transitional care.

The number of inmates accepted into the transitional care unit shall be based on available local resources.

a. Referrals. Referrals from the medical centers shall be consistent with the following procedures:

(1) Inmates referred shall be stabilized on medication(s). They shall have a proven record of medication compliance and be willing to take medication voluntarily.

(2) Ordinarily inmates shall be designated to a transitional care unit with the same or a lower security level. The rationale for a placement outside this guideline shall be documented in the discharge summary.

(3) Referrals for transitional care shall be made via the Medical/Surgical and Psychiatric Treatment Completed Referral Request (SENTRY Form 413). All referrals shall be routed to the Office of Medical Designations and Transportation, Central Office, Psychology Services at the proposed institution, and the sending and receiving Regional Psychology Administrators. The discharge summary section of the Form 413 shall document diagnosis, course of treatment (including treatment compliance), prognosis, and special treatment instructions. The summary shall also specifically address the likelihood that the inmate will successfully complete the 90-day transitional care program.

(4) Acceptance into the program shall be based on availability of beds, appropriate security concerns, and the inmate's potential to complete the program. Successful completion will result in the inmate returning to the parent facility as listed on the Form 413. Notification of acceptance into the program shall be sent via SENTRY from the Warden of the receiving institution to the Warden of the Medical Referral Center, with a copy sent to the Office of Medical Designations and Transportation.

(5) The Office of Medical Designations and Transportation shall make transfer notification with copies of the Regional Psychology Administrators of the sending and receiving institutions.

(6) Referring facilities agree to the return of any inmate who fails the program or refuses to voluntarily participate. Program failures are identified as inmates who:

Show poor voluntary medication compliance leading to decompensation or disturbance of thought, affect, or behavior;

Pose risks to self or others; or,

Could not function, in the opinion of TCU staff, in a general population after reasonable effort has been expended in their normalization.

Ordinarily, a 90 day period of treatment would be used to make this determination.

b. Treatment Completed. After treatment is completed, a redesignation request shall be sent to the Medical Designator, Central Office, via SENTRY Form 413.

NOTICE OF RIGHT TO OBJECT TO ADMISSION FOR
MENTAL HEALTH TREATMENT

This is to notify you that as a result of your mental health evaluation a decision has been made that you are in need of psychiatric care or treatment and will be admitted to the psychiatric hospital/ward of this institution. If you are in agreement with this admission for care or treatment, you will be admitted so that treatment can begin. If you object to being admitted, the United States Attorney will be requested to file a motion in the United States District Court to commit you for hospitalization until you are no longer in need of such care or treatment, or until the expiration or your sentence of imprisonment. The term "expiration of sentence" refers to either a parole date or a mandatory release date (includes release by expiration with good time). If the court determines that there is reasonable cause to believe that you may be presently suffering from a mental disease or defect for the treatment of which you require the proposed hospitalization, the court will hold a hearing to determine if you should be hospitalized. Until the court makes a decision on your need for psychiatric care or treatment, you will not become a psychiatric inpatient. Prior to the hearing, the court may order that a psychiatric or psychological examination be conducted and that a report be prepared for the court's use at the hearing. At such a court hearing, you will be represented by an attorney either of your choosing or one appointed by the court.

If you initially agree to this admission, but later object in writing, staff will, upon determining continued psychiatric treatment is necessary, immediately request the United States Attorney to file a motion for a commitment hearing.

Please be advised that if you are admitted for inpatient treatment, such treatment could include various types of psychotherapy, including psychotropic medications.

If you wish to oppose the decision to admit you to the psychiatric hospital, you must notify the Warden in writing that you do not want to be admitted. Staff will be happy to answer any questions you may have and will assist you, upon request, in preparing your written objection to the admission.

By signing this form, I acknowledge that I have received a copy of this Notice and that I understand my rights and options in regard to the decision to admit me for psychiatric hospitalization.

Inmate's signature Date Staff Witness-Mental Health
 Professional

Diagnosis and observation performed at:

_____ MCFP Springfield, MO
_____ FCI Butner, NC
_____ FMC Lexington, KY
_____ FMC Rochester, MN
_____ FMC Carswell, TX

SAMPLE LETTER TO UNITED STATES ATTORNEY'S OFFICE

Date: _____

United States Attorney
(Address)

Attention: _____, Assistant United States Attorney

RE: Inmate's Name

Dear _____:

After careful evaluation, my staff have determined that Mr./Mrs. _____, an inmate who has undergone diagnosis and observation at our institution, is presently suffering from a mental disease or defect for the treatment of which he/she requires care or treatment in a suitable psychiatric hospital. Due to this finding, I would like to transfer this inmate to the psychiatric hospital at (name of institution). However, as the enclosed form indicates, this inmate has indicated that he/she objects to such hospitalization for care or treatment and would like to exercise his/her right to a court commitment hearing as provided in Title 18, U.S. Code, Section 4245. Accordingly, I am asking that you immediately file with the court a motion for a hearing on the present medical condition of this inmate. I am also requesting you to advise the court that, absent a court order prohibiting such care, qualified mental health staff may administer that care necessary to alleviate a foreseeable danger to life or of serious permanent injury either to the inmate or by the inmate to others.

I am enclosing for your use psychological/psychiatric evaluations which outline our belief that this inmate is in need of hospitalization for psychiatric care or treatment. If after reviewing this material you have any questions, please contact _____.

Sincerely,

Warden

Enclosures

Note: THIS LETTER IS TO BE TYPED ON INSTITUTION LETTERHEAD

*Through the U.S. Attorney, the Court should also be advised of any need for special care, such as restraints or emergency treatment, already undertaken or

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

CERTIFICATE OF RECOVERY AND REQUEST TO
DISCHARGE FROM PSYCHIATRIC HOSPITALIZATION

This is to advise you that _____,
(inmate's name and register number)
a patient in the psychiatric hospital at _____,
(institution's name)
has recovered from his/her mental disease or defect to such an
extent that he/she is no longer in need of psychiatric
hospitalization. The above patient was originally hospitalized
for care of treatment on _____ by the
(date of commitment)
Honorable _____.
(Committing Judge's Name)

Pursuant to Title 18 U.S. Code, Section 4245(e), I am requesting
that this court immediately order that the above patient be
discharged from our psychiatric hospital so that he/she can be
transferred to an appropriate non-psychiatric facility.

Date

Warden
Institution's Name

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

CERTIFICATE OF DANGEROUSNESS DUE TO MENTAL
DISEASE OR DEFECT

This is to advise you that inmate _____,
Reg. No. _____, a patient currently housed in our
facility is eligible for release from custody of the Attorney
General. My staff/hospital unit (cross out one) believe that
this patient is currently suffering from a mental disease or
defect as a result of which his/her release would create a
substantial risk of bodily injury to another person or serious
damage to property of another. In addition, suitable
arrangements for state custody and care of this patient are not
currently available.

Pursuant to Title 18, United States Code, Section 4246, I
hereby request that this patient be given a hearing to determine
whether he/she should remain committed to our psychiatric
hospital.

Warden
Institution

Subscribed and sworn to before me
this _____ day of _____, 19____.

NOTARY PUBLIC

CHAPTER X: RADIOLOGY SERVICES

Section 1. Standard

Radiology services provided or made available by the organization shall be designed to meet the needs of patients in accordance with professional practices and legal requirements.

Section 2. Staffing

A sufficient number of competent, appropriately trained or educated, and supervised personnel shall be available to conduct the work of the radiology service.

The director of the radiology department shall be a member of the medical staff and shall be available at least on a part-time basis consistent with the scope and complexity of services required. Whenever possible, the director should be a radiologist. A consultant radiologist may serve as director. If this is not practical, radiology services shall be directed by a physician from the active medical staff who is qualified to assume professional, organizational, and administrative responsibility.

The director shall be knowledgeable about radiology services offered and be available as required by radiology staff to render administrative decisions, provide consultation concerning the medical significance of results, and assist in obtaining other professional consultation.

A registered radiologic technologist or radiologic technician is desirable as part of each facility's clinical staff. Where this is not possible, the PA must be appropriately trained to perform routine radiology tests.

When a registered radiologic technologist's services are obtained, he/she shall be a graduate of a program in radiologic technology, approved by the Council on Medical Education of the American Medical Association.

Section 3. Continuing Professional Education

Radiologic technicians/technologists shall be able to maintain or update their knowledge and skills through opportunities such as on-the-job external training. An index of unusual and interesting cases shall be maintained for educational purposes.

Section 4. Organizational Plan

The radiology department shall have a written organization plan.

Section 5. Procedure Manual

Appropriate radiographic or fluoroscopic diagnostic and treatment services shall be provided or made available. A written procedure manual shall cover at least: identification of the current director of radiology, scheduling, examinations performed, administration of diagnostic materials, infection control procedures, handling of isolation patients, handling of emergency patients, care of the critically ill, preventive maintenance, and radiation safety. In addition, it shall cover safety precautions, disaster plans, education program, required records and reports, preparation of patients, calibration and safe use of equipment, inspection of x-ray safety equipment for defects, radiation exposure precautions, and precious metal recovery.

Section 6. Recordkeeping

A daily x-ray log form, PHS 40, or a bound ledger shall be established in the x-ray department. The log shall contain: patient number, patient name, type of study, number of exposures, name of person performing study, x-ray exposure technique, date film was sent for interpretation, date report returned, date film was returned, and x-ray reference number.

X-ray films shall be identified with a name imprint system. Imprint identification of radiographic films is the only method permitted. Information required includes institution ID, patient name, register number, date of birth, sex, date of exam, and reference number corresponding to x-ray log.

Section 7. Privacy

A concerted effort shall be made to ensure patient privacy at all times, particularly for undressing and dressing, examination, waiting in the department, and evacuation of contrast media. The dressing room and patient toilet shall connect directly with the examination room when physical plant and resources permit.

Section 8. Ordering Radiographic Examinations

Diagnostic radiology services shall be performed only upon the written request of a physician, dentist, or MLP who is a member of the medical staff, subject to inclusion on privileges statement.

SF 519A, Radiographic Report, shall be used for ordering radiographic exams. Forms other than the standard form may be used, if they are the designated form of a non-Bureau radiology service. All forms must contain: patient's full name and register number, age, sex, examination requested, name of requesting official, clinical history and concise statement of reason for the examination, inpatient or outpatient status, date of requested examination, and name and address of the institution.

Section 9. Radioactive Sources/Radioisotopes

Use of any radioactive sources or radioisotopes (Medical Referral Centers only) shall be limited to physicians who have been granted privileges for such use.

Orders for use of radioactive sources or radioisotopes shall be written, accompanied by a concise statement of reason for use, total dosage, incremental dosages in standard measurements (cGy or Rads), and number of treatments.

Section 10. Evaluation/Interpretation of Radiographic Film

After the examination is completed, the date shall be placed in the identification block of SF 519A. The ordering clinician shall perform and review all STAT requests, on the same date as ordered. All routine requests shall be performed and reviewed by the ordering clinician within 48 hours. After initial evaluation, films shall be returned to the x-ray department for a radiologist to interpret and authenticate.

A radiologist shall interpret all x-ray examinations; the interpretations shall be recorded on the x-ray report form. The radiologist who interpreted the film must sign all completed x-ray reports.

Section 11. Distribution of Reports

Authenticated, dated reports of all examinations performed shall be part of the inmate's health record. Completed radiographic reports shall be reviewed within two working days, dated, and initialed by the CD or designated physician prior to distribution and filing.

The reviewing physician must ensure that timely, appropriate follow-up actions on all abnormal findings are initiated, and that any actions taken are documented on Standard Form 600 in the health record.

The original copy of the completed report shall be filed in the patient's health record without delay. The second copy shall be filed in the inmate's x-ray film envelope in the radiology department. The third copy shall be sent to the requesting clinician.

Section 12. Filing/Transfer/Retention of Radiographic Files

Radiographic films on inmates shall be filed in numerical order by register number. Radiographic examinations on employees shall be filed alphabetically.

Each film envelope shall contain the patient's name, number, and status, with a chronological record and the date of the studies performed.

Radiographic films on inmates being transferred to other Federal institutions shall be mailed to the receiving institution on the same day the inmate is transferred. X-rays for inmates being transferred to a Medical Referral Center shall accompany the inmate's health record at the time of transfer. Failure to do this results in excessive exposure, unnecessary cost, and possible delay in treatment.

Files on employees who have terminated employment and inmates released from Federal custody shall be placed in an inactive file. The same system used in active files shall be used in inactive files, except they shall be separated by year. Inactive files shall be maintained in a separate secure area and kept for 5 years. During the 6th year, they shall be transferred to the Defense Logistics Agency for silver recovery and destruction. Refer to Section 19 of this chapter.

Section 13. Safety

Proper safety precautions against electrical and mechanical hazards, radiation exposure, fire, and explosion shall be instituted by staff or contract maintenance personnel.

When diagnostic agents are administered, safety precautions shall include provision for an emergency drug tray, oxygen, airways, and the capability to administer intravenous support. Appropriate safety equipment shall be used for all examinations. Lead gloves, aprons, and gonadal shields shall be inspected at least twice a year for defects. The films shall be sent to the radiologist for interpretation. Documentation must include a signed report from the radiologist. (Fluoroscopy may also be used to inspect x-ray safety equipment.)

Precautions shall be taken to minimize radiation exposure through appropriate shielding and collimation. All doors must be closed during x-ray procedures. Field will be coned down with collimator as much as possible. Exposure switches of equipment must be arranged to prevent its operation from outside the shielded area.

The person performing portable x-ray procedures, as well as anyone assisting, shall wear a lead apron. Lead gloves shall be provided if manual support of position for x-ray is necessary. All unnecessary personnel shall be removed from the immediate area, and the technician performing the procedure shall stand as far away as possible from the x-ray tube when making an exposure.

Proper shielding of radiation sources shall be maintained. Periodic inspection and evaluation of radiation sources, including calibration of equipment, shall comply with Federal, State, and local laws and regulations. OSHA and FDA regulations regarding the handling, removal, and storage of any radioactive material shall be followed.

Section 14. Radiation Monitoring

All personnel who use radiological equipment shall wear a film badge while on duty to monitor cumulative radiation exposure. Individuals shall ensure that their badges are not subjected to unnecessary exposure, or left in the x-ray room.

Quarterly reports of cumulative exposure shall be maintained by the HSA and reviewed and initialed by the Director of Radiology. All reports of high exposure or overexposure shall be investigated to determine the cause. FDA recommendations shall be followed. A copy of the reports of high exposure or overexposure and the investigation shall be forwarded to the Medical Director and the RHSA.

Section 15. Infection Control

Proper infection control practices shall be adhered to in accordance with the current policy on Infectious Disease Management.

Section 16. FDA Radiation Survey

The FDA conducts surveys of radiographic equipment at HSUs every two years. The HSA shall maintain a copy of the report. The HSA, in consultation with the RHSA, shall take corrective actions and prepare responses. A copy of the FDA report and the response shall be maintained on file with the RHSA. A copy shall be forwarded to the Medical Director. If two or more years have elapsed since the last biannual inspection, the HSA shall contact the FDA Regional Office.

Section 17. Use of X-ray for Body Searches

Refer to the Program Statement on Searches of Housing Units, Inmates, and Inmate Work Areas.

Section 18. Preventive Maintenance

All HSUs shall establish a preventive maintenance program to be conducted by qualified staff or establish service contracts for repair and preventive maintenance of radiographic equipment. Manufacturer's recommendations shall be followed when establishing preventive maintenance procedures.

Infection control procedures shall be followed after each patient contact with a cassette. This entails wiping the cassette with an approved cleaning solution (check manufacturer's recommendations).

Intensifying screens shall be cleaned monthly (more frequently if necessary) with a commercial screen cleaner or, if this is not available, with warm soapy water, using a mild soap. Screens must be wiped dry using a soft cloth, as air drying may leave

water spots that cause artifacts on the film. Whenever an artifact appears on a developed film, the technician shall check the inside of the cassette for any foreign object. If a foreign object is found, gently wipe it away - never scratch it away.

The x-ray table top must be wiped down with a disinfectant solution after each patient use.

Section 19. Precious Metal Recovery Program

Procedures shall be established at each institution to recover precious metals from scrap and waste film. Examples of precious metal-bearing waste include photographic fixing (Hypo) solution, photographic and x-ray film, silver alloys, dental scrap, batteries, and electronic parts.

It is DOJ policy that, unless exempted by the Assistant Attorney General for Administration or designee, a silver recovery program shall be implemented at each Bureau location using precious metal-bearing waste. Each facility is required to comply with the support agreement between the Department of Defense (DOD) and DOJ Number SC 4400-88154-804, May 1986, and the Program Statement, Property Management Manual, Chapter 17.

All dental scrap shall be salvaged and kept under water until enough is generated to warrant recovery of the silver. At least annually, depending on the quantity accumulated, the scrap shall be turned over to the facility property manager for proper disposal.

Scrap film is film damaged in processing or purged from the medical files; it shall be kept until sufficient quantities are available to warrant silver recovery. Facilities with automatic film processors shall have silver recovery units attached to the processor. Facilities using a manual, tank-type processing system shall save all hypo solution.

CHAPTER XI: FEMALE HEALTH CARE

Section 1. Introduction

This section addresses special medical needs of female inmates. Medical needs common to males and females are not addressed in this section, as they are fully covered in other sections. Policies concerning standards of patient care throughout the remainder of the Health Services Manual shall be applied to females as well as males.

Section 2. Initial Health Status Screening

A complete physical examination, including all requirements shall be completed within 30 days for those inmates in predictably short-term custody (see Chapter VI, Section 5).

A complete physical examination, including all requirements shall be completed within 14 days for those inmates in predictably long-term custody (see Chapter VI, Section 5).

The examination shall include at least:

a. A gynecological and obstetrical history, including sexual activity and any recent rape history.

b. Serology, CBC (differential if indicated), urinalysis (microscopic when indicated), pregnancy test (urine or serum), other tests as clinically indicated.

c. A measles, mumps, and rubella vaccine (MMR) shall be offered to all sentenced female inmates of childbearing age. A pregnancy test shall be obtained prior to providing the MMR vaccination.

d. A breast examination and pelvic exam. A female staff member will be present when breast and pelvic examinations are performed by a male provider (under routine circumstances).

e. Pap smear; gonorrhea or other endocervical cultures from vaginal and/or anal orifices when clinically indicated.

Section 3. Elective Health Examinations

Pap smear and pelvic and breast exams shall be offered and conducted consistent with standards outlined by the American College of Obstetrics and Gynecology (ACOG).

Health Services staff shall ensure the availability of a physical examination every two years for those under 50 years of age, including all laboratory tests. For those aged 50 and over, a physical exam shall be available yearly, including all laboratory tests. On the first exam after attaining the age of 50, an EKG and rectal exam (during which a hemocult test is performed) shall be offered. Inmates with a positive test for occult blood shall

be offered a sigmoidoscopy. Staff shall initially notify inmates of the availability of examinations through means such as the A&O Handbook and posted information in the HSU. HSU staff shall schedule physical examinations for those inmates requesting the examination.

For HIV testing, refer to guidelines in the Infectious Disease Management Program Statement.

Eligibility for elective health examinations shall be stated in the A&O Handbook.

Section 4. Pap Smear

Pap smears shall be offered and include a complete gynecological examination, including bimanual, speculum, and digital rectal exam. Follow-up for an abnormal pap smear shall be as dictated by the patient's medical condition and ACOG standards.

Section 5. Breast Examination

A breast examination shall be performed with the initial physical exam and whenever clinically indicated. Annual examinations shall be made available to those inmates requesting such an examination. Initial detection of most breast problems is the result of self-examination. Self-examination instructions shall be given to all females at the time of the breast examination.

Mammographies shall be used as a diagnostic tool. A baseline mammogram for sentenced female inmates shall be obtained between the ages of 35 and 40. Mammography is suggested every 3 to 5 years for women between ages 40 and 50 or as clinically indicated, and annually for women over 50. It may be performed at other intervals according to risk factors and discretion of the physician.

Section 6. Chest X-Rays

Chest x-rays are required during the initial physical exam only if clinically indicated. As always, a determination of pregnancy shall be made prior to x-raying females.

Section 7. Feminine Hygiene

The HSU shall provide only medically indicated feminine hygiene products. The institution shall stock sanitary napkins.

Section 8. Pregnancy

Routine pregnancy screening (urine or serum) shall be performed on all females during the initial physical examination. If pregnancy is confirmed, the patient shall be referred to a physician for an initial examination and management of the pregnancy within 14 days. Medical staff shall promptly notify

the inmate's unit manager via written memo when pregnancy is verified. (See Program Statement on Birth Control, Pregnancy, Child Placement and Abortion.)

All pregnant inmates shall be offered HIV antibody testing with documentation on the SF-600.

Bureau cycle menus provide adequate protein, milk, fruit, vegetables, and meat. Medical staff shall order dietary supplements when indicated.

Section 9. Childbirth

Authority to pay for immediate postnatal care of the child born to a female inmate is derived from administrative discretion when the Bureau finds itself responsible for the cost by default (no other resource can be compelled to pay). Legislation is not needed to have authority to pay for the child's immediate medical needs. It is reasonable that the Bureau provides for the medical expenses of the child for the first 3 days after routine vaginal birth or up to 7 days for a Cesarean section.

Prior to the birth, the Warden shall ensure that the person or agency that is to take custody of the child is also asked to take responsibility for medical care costs 3 days after birth. (Note: The Regional Director may extend this an additional 7 days for extenuating circumstances on a case-by-case basis.) Whoever receives custody of the child shall sign a statement of responsibility for medical care costs, clearly indicating that the signing party accepts financial responsibility. (Unit management shall obtain this statement.) A copy shall be sent to the HSA for placement in the outside hospitalization file, and another copy to the Controller.

Every effort shall be made to ensure the health of the mother and the child. Education about pregnancy, childbirth, infancy, and motherhood shall be provided. Access to information about pregnancy, etc., shall be arranged through the HSU and may also be provided through the Education Department, inmate library, or inmate housing unit.

Section 10. Prescription Birth Control

Medical staff shall provide, upon request, interested inmates with information pertaining to appropriate methods for birth control. The medical indication and appropriateness of prescribing birth control in a correctional environment ordinarily is limited to hormonal replacement therapy. Where a clinician believes actual birth control is medically appropriate, prior approval of the Bureau Medical Director is required. Sterilization may not be provided as a form of birth control. Inmates shall not be sterilized, except for bona fide medical indications with their written consent.

Intrauterine devices (IUDs) shall not be made available to inmates. Inmates entering the Bureau with IUDs in place shall be advised of possible complications associated with continued use, with documentation in the health record. IUDs may be removed upon the inmate's request.

Section 11. Hysterectomies

Due to medical controversy surrounding the appropriateness of many hysterectomies, a careful review procedure shall be followed before each procedure is performed. Specifically, two consultations are required before any hysterectomy is performed. One of the consultants may be a Bureau medical physician.

Section 12. Immunizations

Pursuant to current immunization guidelines and unless medically contraindicated, all sentenced female inmates of childbearing age shall be offered and encouraged to receive vaccination against measles, mumps, and rubella (MMR). Medical contraindications include existing pregnancy or planned pregnancy within 3 months. All inmates who are to receive live virus immunization shall first be tested for HIV antibodies. Those who are HIV-positive may not receive the live virus immunization. Those immunized should be cautioned against becoming pregnant during the ensuing three (3) months. Prior episodes of one or more of the three diseases do not constitute a contraindication. These must be properly documented in the health record.

Section 13. Births & Abortions

Institutions are required to report birth and abortion statistics directly to the SENTRY Generalized Reporting System (GRS). The report name is the Facility Comparison Report (FCR) (refer to current policy on the Facility Comparison Report).

Section 14. Breast Cancer Surgery

In cases where breast mastectomy is performed in the treatment of cancer, breast reconstruction is considered Presently Medically Necessary (Level 2).

CHAPTER XII: IMPROVING ORGANIZATIONAL PERFORMANCE

Section 1. Mission Statement

This Chapter establishes guidelines to shift the focus of Health Services Quality Assessment and Improvement Programs (QA&IP) into Improving Organizational Performance (IOP) at all Bureau institutions with independent ambulatory care services. Each institution should involve leadership (Governing Body) and all disciplines in making this transition to IOP. Previous plans developed for Quality Assessment and Improvement activity will be invaluable to make this transition and make it a smooth process.

The Office of Policy, Planning, and Quality Management, located in the Health Services Division, Central Office, provides consultations and periodically evaluates these programs, through site visits or review of documentation, as part of the continuous quality improvement of health care delivery in the Bureau.

Organization-wide performance improvement is a systematic, coordinated and ongoing process. Performance improvement activities are most effective when they are planned, systematic and organization-wide and when all appropriate disciplines and individuals work collaboratively to implement them. How performance is done is based on the following dimensions:

- # Doing the right thing (the efficacy and appropriateness of the care or treatment provided).

- # Doing the right thing well (the availability, timeliness, effectiveness and continuity of services provided).

- # The safety, efficiency and caring with which services are provided.

Each HSA shall convert the institution's QA&IP into a written plan for IOP based on the health care mission, vision, values and scope of services, using guidelines provided in this section, and addressing, at a minimum:

- # Professional Credentials and Privileges.

- # Patient Rights and Organizational Ethics.

- # Establishment of Performance Measurements that focus simultaneously on processes and outcomes; data collection; comprehensive performance measures (indicators); high-risk; high-volume, or problem prone processes; needs and expectation of patients and staff; infection control activities; and safety of the environment of care.

- # Risk Management and utilization review.

The coordinator of the institution's Performance Improvement Plan shall ensure that:

- # Data is collected on important processes or outcomes related to patient care.

- # Information is collected for improvement opportunities.

- # Information is collected on patient needs, expectations and satisfaction. Inmate family concerns may also be considered in cases of serious illness.

- # Data is collected regarding staff views regarding performance and improvement opportunities.

- # Processes for which data are collected are prioritized and include those processes that are high volume, high risk or problem prone.

- # Data is collected on processes related to medication use.

- # Data is collected, where indicated, on processes related to operative, invasive or noninvasive procedures that places patients at risk.

- # Data is collected on risk management and quality control activities.

The IOP Plan shall be a written plan, approved by the institution leadership. Documented compliance with the plan shall be maintained in the HSU and reviewed/renewed at least annually.

The HSA shall develop a committee, or a Quality Council to systematically assess the IOP at that institution. This committee should be inter-disciplinary and include health care staff and staff from other departments. To support the committee, the formation of Quality Improvement Teams is a sound approach to performance assessment and improvement. Intensive assessment is required when analysis detects undesirable variation in performance, in discrepancies between pre and post-operative diagnosis, adverse drug reactions and all significant medication errors.

After assessment, the organization shall implement a plan to systematically improve performance. Improvements are acted upon based on established priorities taking into account the organization's mission, effect on patient health outcomes, patient satisfaction and resources required for making improvement.

Evidence of IOP Committee meetings (minutes), shall be forwarded to the Office of Quality Management (OQM), Health Services Division, through the RHSA each quarter. The OQM, in turn, shall report on QA&IP activities to the Bureau Health Services Governing Body.

Bureau institutions should refer to the current edition of manuals from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for further detail on IOP.

Section 2. Patients' Rights and Responsibilities.

Each HSU shall inform all inmates of their rights and responsibilities as patients. The rights and responsibilities shall be based on the scope of services provided at the institution, but they must contain the basic rights and responsibilities as outlined in Attachment XII-A.

The institution may add rights and responsibilities specific to each institution, such as hours of sick call, callout procedures, etc.

Normally, patient rights and responsibilities shall be presented to the inmate during the Admissions and Orientation (A&O) process, and shall be included in the institution's A&O book. A copy shall be posted in the clinical area.

Please refer to Chapter 6, Section 8, Living Wills, Advance Directives, and DNR Orders for information concerning this patient right.

Section 3. Health Services Governing Body.

The Director, Bureau of Prisons, is delegated the responsibility by the Department of Justice for the provision of custody and care for inmates. As redelegated by the Director, the Medical Director is responsible for all activities related to inmate health care. To augment the Medical Director's responsibility, a Governing Body has been established, including these members:

- a. Medical Director, Chair.
- b. Assistant Director, General Counsel and Review.
- c. Assistant Director, Human Resource Management.
- d. Assistant Director, Correctional Programs.
- e. All Regional Directors.
- f. All Wardens who are members of the Health Services Wardens Advisory Group (WAG).

The Bureau's Governing Body which meets at least once a year redelegates the daily operation, and decision-making authority, regarding health care programs to the institution. At the institution level, the Warden is the representative to the Health Services Governing Body. The institution Governing Body consists of the CEO, Associate Warden, CD, and HSA. The Local Governing Body should meet no less than twice each year, but meetings may

occur more frequently if deemed necessary. Among the topics to be discussed at these meetings are Appointments/Privileging of staff; biomedical ethics; performance improvement activities; and other pertinent health services issues. Discussion of biomedical ethics issues, as an agenda item, even if negative, is required to be documented in at least one of the Governing Body meeting minutes each year.

Minutes of Local Governing Body meetings should be forwarded to the Regional HSA for informational purposes.

Section 4. Biomedical Ethics Committee

A Biomedical Ethics Committee ("Committee") shall be formed at the Central Office. **The Committee will review ethical concerns and questions presented by staff regarding patient care, and make recommendations for appropriate individual and/or policy action. Information and consultations will be provided to staff and patients regarding ethical issues and patient care.** The Committee will act to ensure compliance with and implementation of existing JCAHO standards on patient rights and organizational ethics.

a. Central Office. Committee membership shall include representatives from the Office of Quality Management, and the Clinical Branch of Health Services Division; Ethics Officer from Office of General Counsel; Religious Services and Psychology Services from Correctional Programs Division; and any other members invited by the Committee. The representative from the Office of Quality Management shall chair the Committee. The Central Office Committee shall meet annually, or more often as necessary, to provide policy guidance for system-wide biomedical ethics issues. The Central Committee shall prepare an annual report and submit it to the National Governing Body of Health Services.

b. Regional HSA. The Regional HSA shall review biomedical ethics issues as they are referred from the institution by local Governing Body minutes or any other mode of communication. The Regional HSA shall seek guidance from other Regional Office staff, i.e., Chaplain, Psychology, etc., as deemed necessary and ensure that the Regional Director is made aware of biomedical ethics issues in the institutions. The Regional HSA shall refer biomedical ethics issue to the Central Office Committee if issues cannot be resolved at the regional level.

c. Medical Referral Centers. Representatives from the major departments providing inmate services, including Health Services, Legal Services, Psychology Services, Religious Services, and Correctional Services, shall serve as members of the Biomedical Ethics Committee. Additional at-large members may be named at the Warden's discretion. The Warden, Associate Warden for Health Services, the CD, and the HSA shall participate with the Biomedical Ethics Committee in reviewing ethical issues presented

to the Committee regarding specific patient care. The Biomedical Ethics Committee shall meet annually, or more often, as necessary to review biomedical ethics issues regarding specific patient care and recommend appropriate action. The HSA shall maintain recorded minutes. An annual report shall be submitted to the Regional Counsel and the Central Committee.

d. Other Institutions. As mentioned earlier in this section, each institution other than Medical Referral Center shall ensure that Biomedical Ethics Issues is an agenda item on at least one local Governing Body meeting each year, and that the minutes contain documented discussion of any biomedical ethics issues. When biomedical ethics issues are to be discussed, the local Governing Body may seek input from appropriate staff, i.e., Chaplain, Psychology, etc.

Section 5. Accreditation of Healthcare Programs

The Health Services Division shall sponsor select institutions for participation in accreditation for in-house ambulatory healthcare programs. Accreditation is viewed as a method for achieving quality care, based on benchmarking with the standards of community care.

Historically, Medical Referral Centers are required to have their programs accredited, under standards that apply to each institution's mission, by the JCAHO. Institutions achieving accreditation shall coordinate all accreditation activities through the Office of Policy, Planning, and Quality Management, Health Services Division.

Section 6. Professional Peer Review

Peer reviews, focus reviews, and mortality reviews are conducted as part of quality assessment and improvement. Reviews shall be conducted periodically by internal peer groups or external professional organizations, as directed by the Central Office. These reports are disclosed to limited individuals and their contents are strictly confidential.

Randomly selected health records of inmates in every institution shall be reviewed under specific criteria. The review can be an entire record, a specific incident, or clinical care provided for a specific period. The record shall include all pertinent clinical information, including information from community providers.

Each HSA shall develop a program of clinical peer review and use the findings to improve the quality of care.

Institutions shall receive relevant instructions about the external or focus peer reviews from the Medical Director or designee. This review shall evaluate the quality of care provided at each Bureau institution. A detailed report shall be provided to the RHSA and each institution.

Institutions shall formulate a plan of corrective measures and implement recommendations to improve quality of care. The institutions shall send a progress report to the RHSA, who shall report monthly to the OQM.

Section 7. Focus Review

The HSA shall establish a system of review for any specific case(s) identified and any other indicators identifying a problem or deficiency in a specific system or activity within the HSU. These reviews shall be a means of evaluating health care delivery by identifying its significant strengths and weaknesses. Action steps, based upon the reviews, will promote and expand strengths and correct deficiencies.

Any specific events or issues regarding health care delivery in any institution may trigger a focus review. Based on information brought to the attention of the Medical Director through the quality improvement process by the Warden, Regional Offices, or Central Office, the Medical Director shall authorize the OQM to conduct a focus review:

a. The OQM shall obtain all pertinent information for review (such as the health record). Various reports generated regarding the issues shall be sent to the OQM for provisional review. All the information shall be reviewed at the OQM and the Medical Director shall make a decision regarding any actions to be taken.

b. When the preliminary review indicates further review is not necessary, the Medical Director may terminate the review. In some cases, it may be necessary to direct a corrective action.

c. When the preliminary review indicates further intensive study is necessary, the Chief of OQM shall constitute a Focus Review Committee (FRC). The FRC shall consist of at least two physicians (one shall be the Chairperson), one HSA, and any other experts needed, depending on the issue.

d. Whenever the Medical Director suspects there are medicolegal implications in any case based on the preliminary findings of OQM, the Medical Director shall consult with the General Counsel.

e. The Warden shall provide all necessary information and support to the FRC to conduct the investigation.

f. The FRC shall review all pertinent information, conduct interviews, and inspect relevant facilities to conduct the investigation objectively. In case of an inmate death, the FRC shall follow the format constituted for that review.

g. In evaluating individual and system performance in the days or months preceding the issue, the FRC shall specifically address:

(1) Clinical care process and outcome to evaluate appropriateness and timeliness of care (history, examination, investigations, consultations, treatment modalities, follow-up, transfers).

(2) Documentation, especially in the health record. In discussing this factor, the FRC shall clearly distinguish, if possible, lack of documentation from failure to provide care.

(3) Alert and response times.

(4) Communications.

(5) Transportation.

(6) Clinical/administrative skills.

(7) Facilities: Personnel, equipment, supplies, pharmaceuticals, etc.

(8) Complicating factors, either human or system, that any have affected the outcome.

h. The FRC shall document, by summary report, its discussion of these factors, as well as any others deemed appropriate. As important as detailing deficiencies is highlighting the positive aspects of the case. The report shall conclude with recommendations for commendations or corrective actions. The report shall include:

(1) A brief introduction stating the purpose of the focus review.

(2) Brief information on facilities and resources of the institution if pertinent.

(3) A comprehensive narrative discussing clinical or administrative aspects of the case.

(4) A summary of activities by institution staff related to the case.

(5) A comprehensive narrative of findings.

(6) A summary of strengths and weaknesses/ deficiencies.

(7) Recommendations.

i. The FRC shall address the report to the Medical Director and submit it to the OQM. All reports generated through Boards of Inquiry or any medicolegal reports shall be directed to OQM for monitoring corrective measures.

j. The Medical Director shall notify the Warden and the Regional Director of the findings and recommendations of the FRC for their information and action.

k. The plan of action shall be implemented as soon as possible for Continuous Quality Improvement. The Central and Regional Offices shall assist in implementing the recommendations.

l. When corrective measures are required, the Warden shall report through the Regional Office to the OQM, within 30 days of receipt of the recommendations, the actions taken.

m. The reports, working documents, and summaries shall be treated as confidential material and sent to the OQM. Only staff with a need to know shall see the contents.

Section 8. Mortality Review

To establish a multilevel system of review for every inmate death (natural causes, suicide, homicide, accidental, drug overdose), mortality reviews shall constitute a means of evaluating the health care delivery system, identifying its significant strengths and weaknesses, and taking corrective action where necessary.

Each inmate death shall be accompanied by a systematic review at the institution and Central Office level. The reviews shall use a death report packet consisting of standard elements including the Mortality Review form on BOPDOCS. If a Focus Review has been requested, this documentation shall be provided to the FRC along with other required documentation.

Within 24 hours of an inmate's death (institution or community hospital), the CD shall send an EMS to the attention of the Medical Director's Office with the following information: name, age, and register number of inmate, date and preliminary cause of death, place of death, brief clinical synopsis of events leading to death (including staff response), and past medical history. If the death occurred in the community hospital, length of hospitalization or emergency care provided shall be included. The EMS shall be routed to SENTRY I.D.'s BOP MED SVC and BOP HSD OQM, with a copy to the RHSA. If the death occurs on a weekend or holiday, the EMS shall be sent on the next duty day.

Each institution shall establish a Mortality Review Committee (MRC) made up of various members, depending upon the mission of the institution. For Medical Referral Centers, the MRC shall consist of the CD, a staff physician, the institution Quality Management Coordinator, the HSA, the Director of Nursing, and any other staff deemed appropriate by the CD. For other institutions, the review committee shall consist of at least the CD, the HSA, a PA, and the appropriate Associate Warden. If an inmate has any mental health problems, the Psychology Department shall be included in the mortality review and appropriate mental

health information shall be included in the mortality review report. Other staff may participate if deemed necessary. The CD shall serve as chairperson. Where possible, MRC members shall not have been involved in the inmate's treatment.

The CD shall prepare a complete report of the death for scheduling an institution review. At a Medical Referral Center, activities may occur during regular weekly meetings of the medical staff, such as Grand Rounds or the Morbidity and Mortality meeting. The Mortality Review report with all related documents shall be sent to the Central Office within two weeks. MRCs who experience multiple deaths during a month may have no more than 30 days to submit the Mortality Review report. The MRC shall assemble a Mortality Review report that contains at least:

a. A comprehensive clinical summary of the case, including at least: history, diagnosis, current treatment plan, sequence of events leading to death, and cause of death.

b. A summary of activities by institution staff, including who responded, how quickly, and what they did. This should also report any significant events or activities that accompanied the death, including the activities of other staff from the institution and the community.

c. Designator and CCM's reports.

d. Autopsy report, if available.

e. If the inmate was admitted to a community hospital, the attending physician's report and other pertinent information. If the discharge/death summary is not available in a timely manner, the Clinical Director's narrative summary shall relate any information obtained verbally from the attending community physicians and health care staff.

f. Unless strongly indicated by circumstances, staff names shall not be used in the report; titles shall be substituted.

g. The reports, documentation, and summaries shall be designated confidential. Only staff with a need to know shall see the contents.

h. If Psychology Services was following the case, pertinent case records shall be included when forwarding the file to the Regional and Central Offices. **This information will include the full Psychological Reconstruction of suicides.**

i. The original chart with all documentation and the Mortality Review report shall be sent directly to the Central Office. Do not send multiple copies of the health record unless they are specifically requested. The institution shall send a copy of the mortality review report to the Regional Director.

j. If the MRC finds opportunities to improve the Quality of Care, the plan of action for improvement shall be forwarded to the OQM, and shall be incorporated into the Performance Improvement program at the institution. The follow-up on the improvement shall be reported in the meeting minutes or written summary of Performance Improvement activities which are forwarded to the OQM quarterly.

The MRC shall also:

k. Review the report packet and the health record and interview staff to obtain all the facts of the case.

l. Analyze the complete report, identifying for both individuals and systems their respective strengths and weaknesses for the clinical care immediately surrounding the death, and the quality of care for at least six months preceding the death.

m. Evaluate both individual and system performance immediately proximate to the death, specifically:

(1) Alert and response times.

(2) Communications.

(3) Transportation.

(4) Clinical skills (especially use of CPR, ACLS, or other appropriate protocols).

(5) Equipment/supplies/pharmaceutical.

(6) Documentation, especially in the health record. In discussing this factor, the MRC shall clearly distinguish, if possible, lack of documentation from failure to provide care.

n. Evaluate individual and system performance in the days or months preceding the death, specifically:

(1) Documentation.

(2) Working vs. final diagnosis.

(3) Appropriateness and timeliness of diagnostics and treatment regimens.

(4) Complicating factors, either human or system, in the overall care that may have affected the outcome.

The Committee shall document, by summary report, the discussion of these factors, as well as any others deemed appropriate. Highlighting positive aspects of the case is as important as detailing deficiencies. The report shall conclude with recommendations for commendations or corrective actions.

Institutions that experience multiple deaths per year shall also conduct a preliminary trend analysis. The Warden shall review the entire packet and approve/ disapprove the MRC's findings and recommendations. The Warden may comment on the report; however, it shall be forwarded as prepared by the MRC. Thereafter, and within two weeks of the death, the Warden shall generate a transmittal memorandum to accompany the mailing of the packet, including the health record, to the Central Office, with a copy of the mortality report and transmittal memorandum to the Regional Director. (If certain portions of the death file, such as the Death Certificate, are unavailable, they should be forwarded as soon as practicable to OQM with any revisions or addendums necessary to the Mortality Review report.)

The Regional Director (or designee) shall review the report and take the opportunity to extract trend data for the region and to evaluate institution operations.

The RHSA shall monitor institution progress in implementing corrective measures and ensure that these measures are satisfactorily completed within 90 days. The RHSA shall maintain a log for each institution, follow the progress of improvement, and report to OQM quarterly.

The Medical Director shall refer the Mortality Review to OQM for evaluation. OQM shall:

- P Review the entire packet, comparing the MRC's report with the accompanying information. If needed, OQM shall discuss the case with the institution staff and RHSA.

- P Provide expert review findings to the Regional Directors and CEO's. The external expert shall review all mortality records every quarter, report to OQM on strengths and weaknesses in the delivery of health care, and provide recommendations.

- P Monitor the follow-up of the recommendations and the plan to improve care through the quarterly reports of the RHSAs.

- P Prepare system-wide trend analysis.

Section 9. Risk Management Program

Each institution shall organize a plan to identify risks, minimize their occurrence, and, when incidents do occur, conduct a coordinated effort to identify causes, prevent repetition, and minimize the financial impact of any litigation.

- a. The Risk Management Program, as part of the QA&IP, establishes mechanisms for rigorous monitoring and evaluation of the quality, safety, and appropriateness of patient care. The program shall include the evaluation of personnel, policies, and procedures, administrative or process-related concerns, and clinical care processes and outcomes. Both concurrent and retrospective review systems shall be used to:

(1) Monitor and evaluate objectively and systematically the quality, safety, and appropriateness of care, pursue opportunities to improve patient care, and resolve problems.

(2) Establish mechanisms for periodic review and evaluation of the risk management activities of each department.

(3) Meet JCAHO standards.

b. The objectives of the Risk Management Program are to:

(1) Measure the frequency and severity of identified potential problems/hazards.

(2) Minimize or eliminate potential risk factors.

(3) Decrease the frequency and severity of preventable injuries to patients, staff, and visitors.

(4) Develop and implement methods to eliminate preventable dangers.

(5) Evaluate perils that are not reasonably preventable.

(6) Develop and implement methods to minimize the frequency and severity of risks that are not reasonably preventable.

(7) Develop and implement appropriate educational and training programs.

(8) Maintain current data related to staff, patient, and visitor incidents.

c. The institution may elect to assign a staff person as Risk Management Coordinator. He/she may be delegated to provide administrative, technical, and coordinating support to the Quality Improvement Committee. The Risk Management Coordinator:

(1) Assists in developing, collecting, and organizing an ongoing comprehensive Risk Management Program with a close working relationship with all departments, the Quality Improvement Committee, and the medical staff.

(2) Assists in annually evaluating the objectives, scope, organization, and effectiveness of the Risk Management Program.

(3) Assists in identifying conditions or practices that may increase the risk for hospital loss or impinge upon the safety of patients, visitors, and staff. Data sources include:

(a) Incident/Injury Reports.

(b) Employee Accident Reports (Safety Department).

- (c) Patient Complaints (BP-9's).
- (d) Personal Staff Contacts.
- (e) Generic screening.
- (f) Committee involvement (QI, Safety, Infection Control, etc.).

The Risk Management Ad Hoc Committee shall be an appointed subcommittee of the Institution Quality Improvement Committee.

Section 10. Patient Satisfaction Surveys

Each HSU shall develop surveys to assess patient satisfaction. These shall be completed annually, and shall represent a sampling of a significant percentage of the patient population. The survey results shall be included in the QA&IP minutes.

Section 11. Granting of Medical Privileges

a. Credential Verification

(1) Each HSA shall complete a credentials portfolio on all practitioners who provide services to inmates inside the institution (including part/full time, contract and consultant staff). Each portfolio must contain the following documents along with evidence of primary source verification of each:

(a) Documentation of professional education (diploma, FLEX/USMLE, ECFMG, for foreign medical graduates).

(b) Post-graduate training (internship, residency, Preceptorship, etc.).

(c) Professional licensure (active and inactive) or certification (NCCPA certification for PAs). The file must always contain a current verified license.

(d) All malpractice history.

(e) All past disciplinary actions.

(f) National Practitioner Data Bank (NPDB) inquiry (initiated, completed, and renewed every two years by the Central Office, Health Services Division). See Attachment XII-C for NPDB queries. This form must be filled out completely and submitted to the Office of Quality Management, Health Services Division, Central Office.

(g) Reference letters from three professional peers.

(2) Credential portfolios are to be maintained at the institution in a locked cabinet/drawer. Only appropriate Bureau personnel should have access to the portfolios unless written authorization has been obtained by the professional. When an

employee transfers from one institution to another, the HSA at the previous institution is responsible for transferring the portfolio to the new institution. The employee may not hand carry the portfolio.

(3) A selected vendor shall conduct credential verification of full-time physicians, dentists, PAs, and nurses (see Attachment XII-B for instructions).

(4) Institutions may accept primary source credential verification on contract/consultant staff from an accredited hospital with which the health care provider is affiliated. If the institution accepts credential verification from this source, the following conditions must be met:

(a) A copy of the hospital's credential verification policy must be maintained at the institution.

(b) Copies of all verified credentials, with a statement that certifies these credentials were verified at the primary source, must be maintained at the institution.

(c) A letter from the hospital stating that the physician is a member in good standing with their staff and that Bureau or JCAHO representatives may access the portfolio.

(5) Other documents that should be contained in the credentials portfolio are:

(a) Evidence of participation in Continuing Professional Education.

(b) Periodic peer review (at least annual) by BOP PEERS.

(c) Annual evaluation with comments concerning participation in quality assessment and improvement activities (on the Performance Evaluation Form, using the appropriate standard for professional duties).

(6) Ordinarily physicians and dentists shall not be interviewed or approved for a site visit prior to the HSA obtaining the following: NPDB information from the Central Office, telephonic primary source verification, and a NCIC background check.

b. Granting of Privileges. All physicians, dentists, PAs, nurse practitioners, and dental hygienists, including contract/consultants and any other healthcare provider that a local governing body deems appropriate, must be privileged before delivering health care inside the institution. These privileges are to be granted based on the practitioner's qualifications and experience, as identified and verified in the credentials portfolio.

Privileges must be institution specific (limited to those services and procedures that are actually performed in the institution). Privileges are granted to physicians and dentists for a period not to exceed two years. Privileges are granted to mid-level practitioners for a period not to exceed one year. Temporary privileges for up to 90 days may be granted under special circumstances, such as a new or temporary-duty employee. For permanent transfers or temporary duty providers, privileges to practice must be granted at the new institution before the provider is allowed to deliver health care. When granting temporary privileges, the institution must verify, at a minimum, the current professional license and professional education/degree. If the person being granted temporary privileges is on temporary duty from another Bureau institution, evidence of verification from the sending institution shall satisfy this requirement. This evidence must be in hard copy form and must be on site at the new institution.

Once the documents in the credentials portfolio are verified, there is no need to re-verify except in the case of documents that expire such as licenses and certifications. It is the practitioner's responsibility to provide a copy of any renewed professional licenses or certifications to the HSA on or before the date of expiration of the document. It is the HSA's responsibility to primary source verify the renewed license(s) or certification(s).

(1) The privilege-granting authority for practitioners is as follows:

(a) The Medical Director is the privilege-granting authority for CDs.

(b) The CD is the privilege-granting authority for all practitioners who deliver medical health care at the institution including contractors/consultants.

(c) The Chief Dentist is the privilege-granting authority for all Chief Dental Officers.

(d) The institution Chief Dental Officer is the privilege-granting authority for dentists and dental hygienists including contractors/consultants.

The Warden of every institution is required to sign off on all privilege applications. This requirement does not indicate that a Warden has authority to grant these privileges, but rather that the Warden is aware of the privileges granted and to whom. This procedure is required because the Warden is the institution's representative to the Health Services Governing Body. Please refer to BOPDOCS for privilege-granting applications (BP-S601.063 for physicians and BP-S603.063 for dentists).

For the position of CD, the institution must seek the appropriate Regional Director's concurrence in memorandum format, prior to submitting the application to the Medical Director.

(2) The required documents for Application for CD Privileges are:

(a) Memo of request from Warden to Medical Director through the Regional Director.

(b) Application to Medical Staff signed by applicant and Warden.

(c) Complete verified credentials portfolio (containing a current verified medical license).

(d) Three peer references (letters must be written within the last three months by peers who have worked with the applicant within the past one year.)

(e) Request for NPDB Query form. Form must contain all information requested.

Renewal for privileges for CDs must be requested every two years and must be accompanied by the above listed documents.

Each physician/dentist/consultant applicant for medical staff membership shall complete and sign an application (refer to BP-S601.063, BP-S603.063, and BP-S612.063 on BOPDOCS). There must be a delineation of privileges for each physician/dentist/consultant/MLP, regardless of the type and size of the HSU. Delineation of privileges shall be based on verified information available in the credentials files to ensure that the privileges granted are within the scope of the applicant's training and experience. A separate file shall be maintained on each individual.

Completion of the form is self-explanatory and the Medical Director is the granting authority for privileges for the CD. The Medical Director redelegates to the CD the authority to grant medical privileges to staff medical officers and consultants. The Medical Director redelegates to the Bureau Dental Director the authority to grant medical privileges to the institution Chief Dental Officer. Authority is further redelegated to the institution Chief Dental Officer to grant privileges to staff dental officer(s). These privileges shall be reviewed every two years.

Within 30 days after assumption of duties, the CD shall review the documented delineation of privileges for each health care provider. At this time privileges may be changed or continued as authorized by the previous CD. The new CD shall sign a new privilege delineation form within 90 days. Documentation shall be on file that privilege statements for all health care providers are reviewed annually.

The Mid-Level Practitioner Qualification Brief is a statement certifying that the physician extender has demonstrated by way of training, education, and experience, the necessary qualifications to perform specific functions (refer to BOPDOCS PAPRIV.STA).

The Mid-Level Practitioner Privilege Statement delineates specific diagnostic and therapeutic privileges granted by the CD and Chief Dental Officer (refer to BOPDOCS PAPRIV.STAT).

(3) Instructions are:

(a) The CD completes and maintains the qualification brief. Consistent with the MLP concept, all documentation on the qualification brief must be approved by the appropriate physician(s). In HSUs without a full-time physician, the contract CD or principal contract physician must approve it.

(b) The CD shall review all qualification briefs within 30 days of assuming the duties of CD. Within 90 days a new brief shall be signed by the CD and HSA with the MLP in attendance. At this time privileges may be changed or continued "as is." Within 90 days, new briefs shall be signed by the new CD and HSA for all MLP's.

(c) The CD shall determine appropriate privileges and prepare a MLP Privilege Statement for each new MLP prior to the MLP rendering medical care. The Privilege Statement must be individualized to the practitioner and based upon the practitioner's education, training, and/or demonstrated proficiency.

(d) All qualification briefs and privilege statements shall be reviewed at least yearly in conjunction with the annual performance evaluation and will be done with the MLP in attendance, along with the CD and HSA.

(e) HSA/AHSA's who also perform clinical duties must have a Qualification Brief and Privilege Statement prior to performing any clinical duties.

(f) The brief shall be prepared in triplicate, the original for ready retrieval as an official HSU document, with copies for the HSA and the MLP.

c. Denial, Restriction or Removal of Privileges. When a decision is made to deny, restrict or remove any clinical privilege either applied for, or previously granted, the institution shall have a mechanism (defined process) in place to ensure that these actions are handled appropriately. It is recommended that any such proposed action should be fully discussed with the local leadership and the Human Resource Management Department.

Section 12. National Practitioner Data Bank (NPDB)

Each entity which makes a payment for the benefit of a physician, dentist, or other health care practitioner in settlement of or in satisfaction in whole or in part of a claim or a judgment against such physician, dentist, or other health care practitioner for medical malpractice must report information to the Data Bank and to the appropriate state licensing boards in any state in which the practitioner is licensed.

a. Reporting. Each health care entity must report to the Board of Medical Examiners in the state in which the health care entity is located the following actions:

(1) Any professional review action that adversely affects the clinical privileges of a physician or dentist for a period longer than 30 days;

(2) Acceptance of the surrender of clinical privileges or any restriction of such privileges or any restriction of such privileges by a physician or dentist:

(a) While the physician or dentist is under investigation by the health care entity relating to possible incompetence or improper professional conduct, or

(b) In return for not conducting such an investigation or proceeding, or

(3) A health care entity may report to the Board of Medical Examiners or other appropriate licensing board information concerning actions as described in subsections (1) and (2) above with respect to other health care practitioners.

(4) The Bureau shall report to the NPDB and state Boards of Medical Examiners payments made on behalf of practitioners and adverse actions on clinical privileges in accordance with applicable law.

b. Definitions

(1) Physician means a doctor of medicine or osteopathy legally authorized to practice medicine or surgery by a state (or who, without authority, holds himself or herself out to be so authorized). This definition applies to practitioners who are employed by the Bureau, who are assigned to the Bureau by the United States Public Health Service, or who provide consultant physician services to the Bureau.

(2) Dentist means a doctor of dental surgery, doctor of dental medicine, or the equivalent, who is legally authorized to practice dentistry by a state (or who, without authority, holds himself or herself out to be so authorized). This definition applies to practitioners who are employed by the Bureau, who are assigned to the Bureau by the United States Public Health Service, or who provide consultant services to the Bureau.

(3) Health Care Practitioner means an individual other than a physician or dentist, who is licensed or otherwise authorized by a state or the Bureau to provide health care services. This authorization may be in the form of a contract statement of work or a position description. This definition applies to practitioners who are employed by the Bureau, who are assigned to the Bureau by the United States Public Health Service, or who provide consultant services to the Bureau. For the purpose of this Program Statement, these other health care practitioners include:

- P Audiologists
- P Dental Hygienists
- P Dieticians
- P Emergency Medical Technicians
- P Medical Assistants
- P Medical Technologists
- P Nurses Aides
- P Nurse Anesthetists
- P Nurse Practitioners
- P Registered Nurses
- P Licensed Practical/Vocational Nurses
- P Occupational Therapists
- P Optometrists
- P Orthotics/Prosthetics Fitters
- P Pharmacists
- P Physician Assistants and/or Unlicensed Medical Graduates
- P Physical Therapists
- P Psychologists
- P Radiologic Technologists
- P Rehabilitation Therapists
- P Respiratory Therapists
- P Respiratory Therapy Technicians
- P Social Workers, Clinical
- P Speech/Language Pathologists

Anyone employed or authorized by the Bureau for the primary purpose of providing health care services. This does not include staff who do not have a requirement to routinely provide health care, (e.g., correctional officers, unit staff, business office, etc.).

(4) Medical Executive Committee means the permanent committee composed of the chiefs of medical staff departments (e.g., medicine, surgery, psychiatry, dental) in the Medical Referral Centers or in any institution with an organized medical staff. The authority, responsibility, and activities of the Medical Executive Committee are defined in writing at the institution through Medical Staff By-Laws and/or Rules and Regulations.

(5) Privileges means the authorization granted by the governing body to a practitioner to provide specific patient care services in the organization within defined limits, based on an individual practitioner's license, education, training, experience, competence, health status, and judgment.

Privileges must be specifically delineated for each practitioner. In the Bureau, practitioners subject to the privileging process are physicians, dentists, physician assistants, and nurse practitioners. This includes Bureau employees, PHS officers, and contract/consultant providers who perform care services in Bureau institutions.

c. Delegation of Authority. The Medical Director is the Bureau's authorized representative to approve and sign all submissions to the NPDB. The Medical Director may delegate authority for technical aspects of the query and reporting processes to the Health Services Division (HSD) Office of Quality Management (OQM) and may delegate authority for review of documents and development of recommendations to the OQM, or to other Bureau physicians.

d. Use of the National Practitioner Data Bank. The HSD shall use the NPDB in the circumstances outlined below.

(1) As a component of the primary source verification of credentials prior to employment of a physician, dentist, or other health care provider. This requirement does not apply to a student in a Bureau-approved and -sponsored training program who is receiving clinical experience in a Bureau institution.

(2) When the Bureau authorizes a physician, dentist, or health practitioner to provide health care within the institution through a contract or a purchase request, the Data Bank query must be performed prior to granting privileges or allowing him or her to provide on-site health care services.

(3) As a component of the every two years privileging process for physicians, dentists, and others subject to the privileging process, a Data Bank query must be completed prior to the renewal of privileges. For other staff not subject to the privileging process, a query must be performed every two years in the anniversary month of the entry on duty (EOD) date. When a query is required, the Warden (or designee) shall provide the OQM with a copy of Attachment XII-C completed for each provider at least 60 days prior to the date the privileges are to expire, or 60 days prior to the last day of the anniversary month as applicable.

(4) The HSD shall report the names of physicians, dentists, and other health care practitioners to the NPDB and appropriate SLB according to the requirements outlined in this Program Statement. This includes reporting payment of malpractice settlements made in whole or in part of a claim or a judgements against a practitioner and adverse actions on clinical privileges. All actions are to be taken strictly according to procedures outlined herein and must be documented.

(5) Bureau staff are prohibited from entering into express or implied written or oral agreements not to report an employee in return for a personnel action such as resignation, retirement, accepting a reassignment, etc. In addition, Bureau staff may not enter into express or implied written or oral agreements to restrict information that would otherwise be reported under these provisions.

e. NPDB Screening for Appointment and Termination of Providers

(1) The NPDB report is one of the essential documents of the credential verification process prior to the appointment of physicians, dentists, and other health care practitioners affected by this Manual; however, the Medical Director may authorize provisional appointment before receipt of the report when it is in the best interest of the institution. The provisional appointment shall be granted on a case-by-case basis, and shall be time limited at the Medical Director's discretion.

(2) The OQM and the Medical Director shall evaluate the NPDB reports of each health care provider and provide guidance to the institution regarding suitability for appointment, conversion to probationary, or permanent appointments as appropriate.

(3) If NPDB screening shows action in any of the covered areas, the Bureau shall verify that the applicant (or employee) fully disclosed the related information required and requested by Bureau in its pre-employment, credentialing, and/or clinical privileging procedures, or in accordance with the Code of Conduct and Responsibility. The OQM or Medical Director shall evaluate the NPDB-provided information and other documentation the individual provided to explain or refute the evidence in the NPDB. The Medical Director or OQM shall provide guidance to the institution on the appropriate action to be taken. The institution shall maintain all reports and information in the practitioner's credentials or privileging folder as applicable.

(4) Reviews conducted subsequent to the issuance of an NPDB report could result in a decision:

- # to employ or continue in employment with no change in originally anticipated action;
- # to employ or continue employment with changes, including but not limited to modification of clinical privileges or provision of training;
- # not to appoint; or
- # to terminate.

(5) When any initial, every two years, or other NPDB report calls into question the professional competence or conduct of an individual appointed or used by Bureau, the OQM or Medical Director shall review all the reports and relevant information

and provide guidance to the institution about the appropriate actions to be taken, including revision of clinical privileges and removal as is appropriate.

(6) The institution shall maintain copies of the NPDB results in the Credentials and Privileges Folder for each practitioner subject to the privileging process, or in the Credentials folder for those health practitioners not subject to the privileging process after consultation with the OQM or Medical Director (see (2) above), and the institution may proceed with the appropriate action.

f. Reporting Malpractice Payments

(1) Within 10 working days of any decision to settle a medical case, or when a judgement is rendered, the Regional Counsel and the Office of General Counsel shall provide malpractice payment information to the Medical Director and the OQM. Counsel shall also provide:

- # a summary of the case,
- # the litigation report, and
- # copies of the health record and other pertinent exhibits or evidence developed in preparation for litigation with regard to the issue of medical malpractice (witness interviews, consultant opinions, etc).

(2) After a settlement has been reached or after a judgement is entered, and prior to any report of payment of medical malpractice to the Data Bank, the Bureau shall conduct a peer review of the case.

(a) Peer Review Committee. The review shall be conducted by a panel of physicians who are employed as Clinical Directors in the Bureau, practice peers from the same professional or technical discipline as the practitioners named in the case, and members of the Public Health Service Quality Review Panel (PHS QRP).

The Peer Review Committee's review is to determine what practitioners were involved in, or responsible for, the care of the patient and whether the acts or omissions, professional competence, and/or conduct of the practitioners, had an impact on the care of the patient. The committee shall:

- # review the case documents,
- # interview the health care practitioners who have knowledge of the case,
- # establish the relationship to the competency or conduct of the practitioner(s) named,
- # analyze the issues involved,

- # identify the practitioner(s) related to the malpractice payment case,
- # determine the circumstances beyond the control of the practitioner if any,
- # determine if the settlement is for the convenience of the U.S. Government, and
- # make recommendations regarding the circumstances of the case to the Medical Director.

The final recommendations shall delineate the relationship of the medical malpractice issue to the practitioner's competence or conduct and shall use appropriate explanatory or amplifying language. The committee may recommend, specific to individual practitioners, appropriate corrective actions (e.g., training, increased supervision, etc.,) in addition to reporting to the NPDB.

(b) Medical Director. The Medical Director, in accord with the Memorandum of Understanding between HHS and the Bureau, shall determine whether to report the name(s) to the NPDB, depending on the recommendations of the Bureau Peer Review Committee.

(3) The Medical Director shall report payments made in settlement of, or in satisfaction in whole or in part of, a judgement against a physician, dentist, or other health care practitioner for medical malpractice.

(4) Prior to filing the final NPDB report of malpractice payments, the Medical Director shall notify the affected practitioner of the intent to report to the Data Bank and shall provide the individual with a copy of the proposed report. There shall be a limited comment period of seven working days in which the individual may provide other information that he/she wishes to be considered by the Medical Director prior to filing the report.

(5) The NPDB has procedures established for practitioners who wish to add a statement to a report or who wish to refute a report. The practitioner may contact the NPDB directly or refer to the National Practitioner Data Bank Guidebook (see 12.c. below).

(6) The OQM or Medical Director shall submit any corrections, revisions, additions or voids of previously submitted reports to NPDB and state licensing boards that received copies of the proposed report.

(7) The Bureau shall not report:

- # payments made for claims of malpractice in which the Peer Review Committee determines that the circumstances were beyond the control of the practitioner (e.g., system problems);

- # payments made by an individual practitioner out of his or her own funds in settlement of, or for judgements of, medical malpractice actions, (e.g., Bivens cases);
- # physicians, dentists, or health care practitioners who are dismissed from a medical malpractice claim prior to the settlement or judgement.

In such cases, no payment is being made on behalf of a health care practitioner because the individual has been dismissed from the action independently of the settlement or release. If the dismissal results from a condition in the settlement or release, the payment is reportable. If the practitioner is dismissed in consideration of the payment being made in settlement of the lawsuit, the payment may only be construed as a payment on behalf of the practitioner and must be reported to the Data Bank.

(8) Trainees. When peer review determines that gross negligence or willful professional misconduct on the part of a licensed trainee in a physician residency or dental internship program occurred and contributed to the claim and its settlement, the Bureau shall report the name of the trainee to the Data Bank.

The Bureau shall not report unlicensed trainees, since the NPDB is unable to assure the identity of any individual in the absence of a license number; however, the Bureau shall report the name of the attending staff member in cases of improper or inadequate supervision of unlicensed trainees if there is an adverse action taken against the staff member, either through peer review actions or through Bureau personnel policies and procedures.

(9) In some instances, not every practitioner involved in the care of an inmate is named in a malpractice claim. If, during their review of the case, the Bureau Peer Review Committee determines that a practitioner other than those named in a malpractice claim had direct involvement in a case which would result in a report to the NPDB under any of the circumstances outlined above, the Bureau Peer Review Committee shall document the facts and make a recommendation to the Medical Director regarding reporting the practitioner to the NPDB.

g. Reporting Actions on Clinical Privileges

(1) The Bureau shall report any action related to professional competence or professional conduct that adversely affect clinical privileges of a change to health care professional for longer than 30 days to the NPDB and to the SLB in all states where the practitioner holds a license.

Adverse actions taken against a change to health care professional privileges include reducing, restricting, suspending, revoking, or denying privileges, and also include a health care entity's decision not to renew a change to health

care professional privileges, if that decision was based on the practitioner's professional competence or conduct.

(2) The Warden (or designee) shall immediately notify the respective Regional Director and the Medical Director of actions taken against the clinical privileges of any physician, dentist, or other health practitioner in connection with issues of professional competence or conduct.

If the action adversely affects the clinical privileges of a physician or dentist for longer than 30 days, the Medical Director must report it to the NPDB. This includes acceptance of the surrender of clinical privileges or any restriction of such privileges by a physician or dentist while the physician or dentist is under investigation by the institution or the Bureau relating to possible incompetence or improper professional conduct, but does not include actions taken for correctional and/or other administrative reasons.

(3) The OQM and the Medical Director shall review all actions taken against the providers prior to reporting to any SLB or the NPDB.

(4) The Bureau shall report:

- # the voluntary withdrawal of an application for renewal of clinical privileges by a practitioner if the application is withdrawn during the course of an investigation of the practitioner for possible professional incompetence or improper professional conduct; or in return for not conducting such an investigation or taking professional review action;
- # the restoration of clinical privileges actions previously reported as restricted;
- # any corrections, revisions, additions or voids of previously submitted reports.

(5) The Bureau shall not report:

(a) summary suspension of clinical privileges pending a peer review; however, the Bureau shall report a final action arising from a peer review following summary suspension that adversely affects clinical privileges for a period longer than 30 days.

Summary suspensions are reportable as soon as they are reviewed and confirmed by a Peer Review of the case. At the Medical Referral Centers this may be accomplished through the Medical Executive Committee as authorized by the Medical Staff bylaws, or other peer review procedures as outlined in the Medical Staff bylaws. In non-medical referral facilities, if a

practitioner is prohibited from performing clinical functions for reasons related to professional conduct or competence, the Warden must request a Peer Review through the Medical Director. This Peer Review must be conducted and the findings reviewed by the Medical Director prior to taking final action against the clinical privileges of the practitioner. The review of the summary suspension through this peer review process is then considered a final peer review action. When the peer review is conducted in addition to an investigation by the Office of Internal Affairs or OGC, the peer review findings shall be the basis of the report to the NPDB.

If the suspension is modified after the peer review, the report to the NPDB must be modified. If the physician, dentist, or other health care practitioner surrenders his or her clinical privileges during a summary suspension, that action is reportable to the Data Bank.

(b) personnel actions (placement on home duty or removal from duty, and other similar actions) due to security violations or other non-medical related issues.

(6) The Warden shall immediately file a report with the OQM or Medical Director on any actions of privileges restriction of the providers. The Medical Director shall report to the NPDB and the SLB in all states where the practitioner holds licenses, on any of the following:

(a) Any professional review action related to professional competence or professional conduct that adversely affects the clinical privileges of a physician, dentist or any other practitioner for a period longer than 30 days.

(b) Acceptance of surrender or restriction of clinical privileges by a physician, dentist or any other practitioner while under investigation by the institution relating to possible professional incompetence or improper professional conduct.

(c) Any physician, dentist or any other practitioner who volunteers to surrender or restrict clinical privileges, or who resigns from the Bureau, as a result of possible professional incompetence or improper professional conduct. The practitioner has the option to challenge or appeal the action under employment provisions of Bureau policy.

(7) The OQM or Medical Director shall provide opportunity to the practitioner for discussion with the OQM or Medical Director before the report is submitted to the NPDB.

(8) The NPDB shall send a copy of the computerized report to the OQM and the practitioner. The NPDB has procedures established for practitioners who wish to add a statement to a report or who wish to dispute a report. The practitioner may contact the NPDB directly or refer to the NPDB Guidebook (see 12.c below).

h. Participation of OOM in Other Investigations Related to Medical Care. Any time an investigation is conducted by Bureau legal staff (e.g., a Board of Inquiry, investigation of administrative remedies, initial investigations of claims filed under the Federal Tort Claims Act, or law suits under Bivens), or the Office of Internal Affairs, in which the quality of medical care or professional competence is at issue, the OQM shall be notified. OQM will participate in conducting a Peer Review of the case and will advise the Medical Director if a report to the NPDB is necessary.

i. Self Query

(1) Physicians, dentists, and other health care practitioners may request information about themselves (self query) from the NPDB. To do this, they must call the NPDB Help Line (1-(800)767-6732) and the NPDB representative will process the query by telephone.

(2) Practitioners shall receive the same information that an eligible requesting entity would receive. They also shall receive a complete list of queries, if they have been the subject of a report to the Data Bank. NPDB shall **NOT** automatically notify the practitioners when an entity requests information from the Data Bank about them. The Data Bank shall notify the practitioner every time an adverse action report or medical malpractice payment report is filed.

(3) Health care units in each institution will maintain a copy of the National Practitioner Data Bank Guidebook for reference. The Guidebooks are free from the NPDB Help Line (1-(800)767-6732). Practitioners may directly contact the NPDB through the Help Line.

(4) If a physician, dentist, or other health practitioner wishes to refute an entry in the NPDB, he or she may provide documentation of evidence to the OQM or Medical Director. The OQM or Medical Director shall evaluate the NPDB information and the individual's explanation of the specific circumstances in each case. The OQM or Medical Director may make an amendment to the entry in the NPDB if the evidence warrants. The practitioner may also directly contact the NPDB to obtain information on procedures for refuting an entry in the data bank.

Attachment XII-C address the procedures to submit requests for queries to OQM.